

Yes___ No___. If yes please describe

ALL students MUST complete section A. If any of the answers to the questions in section A are "yes" then a health care provider MUST complete section B. If answers to all questions are "no", skip sections B and C.

Student Name:			Birthdate (MM/DD/YY):			
Sec	tion A-To be completed by s	tudent				
1.	Were you born in, or have you	a traveled or lived for more t	han one month in any of	month in any of the countries listed on page 2?YES		
2.	Have you worked, volunteered, or lived in potentially high risk setting such as prison, a long-term care facility, a homeless shelter, refacility, drug treatment center, or lived with persons with HIV/AIDS? YES					
3.	Have you had recent or prolon	nged contact with someone v	ith infectious or active Tuberculosis?		YES	NO
1.	Are you an entering Geisel Sc	_			NO	
5. Do you have history of a positive PPD, TST <u>OR</u> IGRA? (I			(If yes please proceed t	to section C)	YES	NO
ON	NLY If you answered "YES"	to any of these questions you	u are required to proceed	l past section A.		
STU	UDENT SIGNATURE:				DATE:	
	(By	signing I attest the above	information is true to	the best of my kno	owledge)	
Sec	tion B- To be completed by	health care provider (If p	ositive result, proceed	l to section C)		
	1 ,	even if you have had the BC	* *			
	• A test ≥10mm is consid	ered positive TB from high	prevalence countries,	≥5mm if you are in	nmunocompromised	
PPI	Test: Date Planted:	Date Read:	Induration:	mm Read with	nin 48-72 hours	
OR						
	RA Results- (must be written o B REPORT MUST BE ATTA		sitive:Negative:	Type:	Date:	
		<mark>DL OF MEDICINE STUDI</mark> itering Geisel School of Me				
	ii you are an ei		SITIVE, please go direc		nstered 7-21 days apart.	
DDF	test #1: Date Planted:	Data Pandi	Induration	mm Dood wi	thin 49 72 hours	
PPE	test #1: Date Planted:	Date Read:	Induration: Induration:	mm Read wi	thin 48-72 hours	
Signature of Provider MD/PA/NP/RN			Printed Name			Date
U						
Sec	tion C-To be completed by	healthcare provider in the	e event of positive Tub	perculosis test OR	history of Tuberculos	sis.
	1. If Positive PPD,TST,	, ,	,			
	2. Attach a copy of a report for a chest X-ray that was taken upon or after the positive result. This chest X-ray <u>MUST</u> be written or officially translated into English and dated within 6 months of entrance to Dartmouth.					
		e tuberculosis therapy?				
	Start Date:			'):	
	_	ent, current (within 6 mon	· · · · · · · · · · · · · · · · · · ·	-		4.1 0
	4. Provide a clinical eval	uation. Does the patient e	xnioit cough, hemopty	/sis, iever, chills, i	nignt sweats or weigh	ι ioss :

If you were born in any of the **countries listed below or traveled/lived in any of these countries for more than one month**, you are REQUIRED to submit a Mantoux PPD skin test or a copy of an Interferon gamma release assay (IGRA). The test must have been performed within six months prior to your Dartmouth registration date.

Source: World Health Organization Global Tuberculosis Report 2017

http://www.who.int/tb/publications/qlobal report/high tb burdencountrylists2016-2020summary.pdf?ua=1

ANGOLA

AZERBAIJAN MALAWI

BANGLADESH MOZAMBIQUE

BELARUS MYANMAR

BOTSWANA NAMIBIA

BRAZIL NIGERIA

CAMEROON PAKISTAN

CENTRAL AFRICAN REPUBLIC PAPUA NEW GUINEA

CHAD PERU

CHINA PHILIPPINES

CONGO REPUBLIC OF MOLDOVA

DEMOCRATIC PEOPLE'S REPUBLIC OF RUSSIAN FEDERATION

KOREA SOMALIA

DEMOCRATIC REPUBLIC OF THE CONGO SOUTH AFRICA

ETHIOPIA SWAZILAND

GHANA TAJIKISTAN

GUINEA-BISSAU THAILAND

INDIA UGANDA

INDONESIA UKRAINE

KAZAKHSTAN UNITED REPUBLIC OF TANZANIA

KENYA UZBEKISTAN

KYRGYZSTAN VIETNAM

LESOTHO ZAMBIA

LIBERIA ZIMBABWE