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):__________________________

Section A-To be completed by student

1. Were you born in, or have you traveled or lived for more than one month in any of the countries listed on page 2? ____YES ____NO

2. Have you worked, volunteered, or lived in potentially high risk setting such as prison, a long-term care facility, a homeless shelter, residential facility, drug treatment center, or lived with persons with HIV/AIDS? ____YES ____NO

3. Have you had recent or prolonged contact with someone with infectious or active Tuberculosis? ____YES ____NO

4. Are you an entering Geisel School of Medicine student? ____YES ____NO

5. Do you have history of a positive PPD, TST OR IGRA? (If yes please proceed to section C) ____YES ____NO

ONLY If you answered “YES” to any of these questions you are required to proceed past section A.

STUDENT SIGNATURE:_____________________________________________________________ DATE:___________________
(By signing I attest the above information is true to the best of my knowledge)

Section B- To be completed by health care provider (If positive result, proceed to section C)

• TB testing is required even if you have had the BCG vaccine
• A test ≥10mm is considered positive TB from high prevalence countries, ≥5mm if you are immunocompromised

PPD Test: Date Planted:___________ Date Read: ___________ Induration: ________mm Read within 48-72 hours

OR
IGRA Results- (must be written or translated into English): Positive:____ Negative: ____ Type:____________ Date:__________
(LAB REPORT MUST BE ATTACHED)

* FOR GEISEL SCHOOL OF MEDICINE STUDENTS ONLY (IN LIEU OF 2 TST’S AN IGRA MAY BE SUBMITTED)*
If you are an entering Geisel School of Medicine Student, TWO TST’s must be administered 7-21 days apart. If 1st TST is POSITIVE, please go directly to section C.

PPD test #1: Date Planted:___________ Date Read: ___________ Induration: ________mm Read within 48-72 hours
PPD test #2: Date Planted:___________ Date Read: ___________ Induration: ________mm Read within 48-72 hours

________________________    __________________________
Signature of Provider MD/PA/NP/RN                                                      Printed Name
Date

Section C-To be completed by healthcare provider in the event of positive Tuberculosis test OR history of Tuberculosis.

1. If Positive PPD,TST, T-SPOT or IGRA (Quantiferon Gold) Please complete CHEST X-RAY
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 MUST be written or officially translated into English and dated within 6 months of entrance to Dartmouth.
3. Did the student receive tuberculosis therapy? ____YES ____NO , If yes please provide the following:
   Start Date:________________________ Completion Date:________________________ Type(Medication):________________________
   • Regardless of Treatment, current (within 6 months of arrival) CXR will still be required.
4. Provide a clinical evaluation. Does the patient exhibit cough, hemoptysis, fever, chills, night sweats or weight loss? Yes ___ No ___. If yes please describe __________________

________________________    __________________________    __________________________
Signature of Provider MD/PA/NP/RN                                                      Printed Name
Date
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.  


- Angola
- Azerbaijan
- Bangladesh
- Belarus
- Botswana
- Brazil
- Cameroon
- Central African Republic
- Chad
- China
- Congo
- Democratic People’s Republic of Korea
- Democratic Republic of the Congo
- Ethiopia
- Ghana
- Guinea-Bissau
- India
- Indonesia
- Kazakhstan
- Kenya
- Kyrgyzstan
- Lesotho
- Liberia
- Malawi
- Mozambique
- Myanmar
- Namibia
- Nigeria
- Pakistan
- Papua New Guinea
- Peru
- Philippines
- Republic of Moldova
- Russian Federation
- Somalia
- South Africa
- Swaziland
- Tajikistan
- Thailand
- Uganda
- Ukraine
- United Republic of Tanzania
- Uzbekistan
- Vietnam
- Zambia
- Zimbabwe