

ALL students MUST complete section A. If any of the answers to the questions in section A are "yes", 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	on A-To be completed by stud	dent				
1. V	Were you born in, or have you to	raveled or lived for more that	n one month in any of th	e countries listed on <b>page 2</b> ? _	YES _	NO
	Have you worked, volunteered, or lived in potentially high risk setting such as prison, a long-term care facility, a homeless shearility, drug treatment center, or lived with persons with HIV/AIDS? YES					er, residentialNO
3. I	Have you had recent or prolonge	ed contact with someone wit	h <b>infectious or active</b> To	uberculosis?	YES	NO
4. A	Are you an entering Geisel Scho	ol of Medicine student? (M	ID Program only)	_	YES	NO
5. I	Do you have history of a positive	e PPD, TST <u>OR</u> IGRA? (I	f yes please proceed to s	section C)	YES	NO
If you	answered "YES" to any of the	se questions you are require	d to proceed past section	A.		
STUI	DENT SIGNATURE:(By sig	gning I attest the above in	formation is true to the		:	
<u>OR</u>	A Results- (Lab report must be	attached and must be writte		mm Read within 48-	, <b>z</b> nours	
	* FOD CEIGEL SCHOOL	OF MEDICINE STUDEN	TTC ONLY (IN LIEU O	F 2 TST'S AN IGRA MAY B	r clidmit	TED\*
		ring Geisel School of Medi		Γ's must be administered 7-21 d		TED).
				mm Read within 48-72 homm Read within 48-72 homm		
Signature of Provider MD/PA/NP/RN		Printed Name			Date	
Secti	on C-To be completed by he	ealthcare provider in the e	event of positive Tuber	culosis test OR history of Tu	berculosis.	
1.	<ol> <li>If Positive PPD, TST, T-SPOT or IGRA (QuantiFERON Gold) please complete CHEST X-RAY (Sputum testing not accepted</li> <li>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.</li> <li>Did the student receive tuberculosis therapy?YESNO, if yes please provide the following:         Start Date: Type (Medication):</li> </ol>					
4.	_	ion. Does the patient exhi	bit cough, hemoptysis	, fever, chills, night sweats or	r weight los	ss? Yes

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

https://www.who.int/news/item/17-06-2021-who-releases-new-global-lists-of-high-burden-countries-for-tb-hiv-associated-tb-and-drug-resistant-tb

ANGOLA MALAWI

AZERBAIJAN MOZAMBIQUE

BANGLADESH MYANMAR

BELARUS NAMIBIA

BOTSWANA NEPAL

BRAZIL NIGERIA

CAMEROON PAKISTAN

CENTRAL AFRICAN REPUBLIC PAPUA NEW GUINEA

CHAD PERU

CHINA PHILIPPINES

CONGO REPUBLIC OF MOLDOVA

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA RUSSIAN FEDERATION

DEMOCRATIC REPUBLIC OF THE CONGO SOMALIA

ESWATINI SOUTH AFRICA

ETHIOPIA SWAZILAND

GABON TAJIKISTAN

GHANA THAILAND

GUINEA-BISSAU UGANDA

INDIA UKRAINE

INDONESIA UNITED REPUBLIC OF TANZANIA

KAZAKHSTAN UZBEKISTAN

KENYA VIETNAM

KYRGYZSTAN ZAMBIA

LESOTHO ZIMBABWE

LIBERIA