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? (MD Program only) _____YES _____NO

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

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, ALL TB TESTING MUST BE DATED AFTER 3/1/2022
- 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- (Lab report must be attached and must be written or translated into English):

Positive Negative Type: __________ Date: __________

* 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

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 (Sputum testing not accepted)

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________________________________________
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
ESWATINI
ETHIOPIA
GABON
GHANA
GUINEA-BISSAU
INDIA
INDONESIA
KAZAKHSTAN
KENYA
KYRGYZSTAN
LESOTHO
LIBERIA
MALAWI
AZERBAIJAN
AZERBAIJAN
BANGLADESH
BELARUS
BOTSWANA
BRAZIL
CAMEROON
CENTRAL AFRICAN REPUBLIC
CHAD
CHINA
CONGO
DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA
DEMOCRATIC REPUBLIC OF THE CONGO
ESWATINI
ETHIOPIA
GABON
GHANA
GUINEA-BISSAU
INDIA
INDONESIA
KAZAKHSTAN
KENYA
KYRGYZSTAN
LESOTHO
LIBERIA
MALAWI
MALAWI
MALAWI
NAMIBIA
NEPAL
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