

**KUTZTOWN UNIVERSITY  
HEALTH AND WELLNESS SERVICES**

Dear Student,

The Kutztown University Health & Wellness Center is committed to ensuring the campus remains free of tuberculosis (TB). As such, all incoming students complete a TB screening questionnaire, and if needed, a consultation with your personal healthcare provider and TB testing, as appropriate.

Further action is needed because you answered YES to one of the following questions on your TB screening questionnaire:

1. Were you born in or have you lived in a country with elevated TB rates (includes any country **other than** the US, Canada, Australia, New Zealand, or a country in western or northern Europe)?
2. Within the past 5 years have you spent at least one month visiting a country with elevated TB rates (includes any country **other than** the US, Canada, Australia, New Zealand, or a country in western or northern Europe)?
3. Have you ever had close contact with anyone who was sick with tuberculosis (TB)?
4. Have you ever had a TB skin test or TB blood test (IGRA) with a positive result?
5. Have you ever received a BCG vaccine? This vaccine is not administered in the US but is used in other countries to protect against TB.
6. Are you considered immunocompromised (examples include HIV positive, organ transplant recipient, treatment with immunosuppressive medications or steroid/prednisone use for more than 1 month)?

**\*\*\*VERY IMPORTANT\*\*\***

**Because you answered “YES” to one or more of the questions listed above on the ONLINE form, you must have your healthcare provider complete & sign this form and fax to 610-683-4635 or mail to:**

**KU Health and Wellness Center  
PO Box 730, Beck Hall – 1<sup>st</sup> Floor  
Kutztown, PA 19530**

If you have any questions, please contact Health Administrative Services at 610-683-4082, Option 2.

Thank you,  
Kutztown University Health & Wellness Center Staff

STUDENT NAME \_\_\_\_\_ KU ID \_\_\_\_\_ DATE \_\_\_\_\_

**Clinical Assessment by Health Care Provider**

Students answering YES to any of the questions on the TB Screening Questionnaire require further evaluation by a health care provider prior to arrival on campus; this may require an Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.

**TB Symptom Check**

Does the student have signs or symptoms of active pulmonary tuberculosis disease? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, check below:

- Cough (especially if lasting for 3 weeks or longer) with or without sputum production
- Coughing up blood (hemoptysis)
- Chest pain
- Loss of appetite
- Unexplained weight loss
- Night sweats
- Fever

History of BCG vaccination? Yes\* \_\_\_\_\_ No \_\_\_\_\_

**\*If yes, perform IGRA within 6 months of student's arrival to campus**

History of a positive 2-step TST or IGRA blood test? (If yes, document below) Yes\* \_\_\_\_\_ No \_\_\_\_\_

**\*If Yes, has the student previously completed a full regimen of treatment? Yes \_\_\_\_\_ No\*\* \_\_\_\_\_**

Medication Course (Drug, Dose, & Length): \_\_\_\_\_

Date Course Completed: \_\_\_\_\_ Provider Signature & Date: \_\_\_\_\_

**\*\*If a full regimen of treatment has not been completed, a consultation with the local Department of Health and their documented recommendation is required.**

**\*\*\*If no previous test has been documented, proceed with IGRA.**

**Interferon Gamma Release Assay (IGRA)**

Result Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Specify Test Performed: QFT \_\_\_\_\_ T-Spot \_\_\_\_\_ Other \_\_\_\_\_  
M D Y

Result: Negative \_\_\_\_\_ Positive \_\_\_\_\_ Indeterminate \_\_\_\_\_ (\*Repeat if Indeterminate)

**If Repeat Test Necessary:**

Result Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Specify Test Performed: QFT \_\_\_\_\_ T-Spot \_\_\_\_\_ Other \_\_\_\_\_  
M D Y

Result: Negative \_\_\_\_\_ Positive \_\_\_\_\_ Indeterminate \_\_\_\_\_

**Final Note: If IGRA is positive, a chest x-ray will be required as well as a consultation with your local Department of Health is required. Their written recommendation must be forwarded to the KU Health & Wellness Center prior to the student's arrival to campus.**

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Date