

## International Travel Form

This form must be submitted to the Student Health Services one month prior to travel.

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ UTC ID #: \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_

Travel Destination: \_\_\_\_\_ Dates of Travel (Departure and Return): \_\_\_\_\_

Date of Tdap/Td: \_\_\_\_\_ Date of Last TB Skin Test: \_\_\_\_\_

**Please answer the following questions by selecting yes or no.**

- |   |  |
|---|--|
| 1. Have you ever had close contact with anyone who was sick with TB?  | _____ Yes _____ No                       |
| 2. Were you born in one of the countries listed below?  | _____ Yes _____ No                       |
| 3. Have you traveled* or will you be traveling to any of the countries listed at the bottom? If yes, please circle these.               | _____ Yes _____ No<br>_____ Yes _____ No |
| 4. Have you been a resident, employee, or volunteer in a prison, homeless shelter, nursing home, or other high-risk congregate setting? | _____ Yes _____ No                       |
| 5. Have you been a member of an 'at-risk' group – medically underserved/low income/ drug or alcohol abusers?                            | _____ Yes _____ No                       |
| 6. Have you been a healthcare worker/volunteer serving clients 'at risk' for active TB?   | _____ Yes _____ No                       |
- \*Significance of travel exposure should be discussed with a health care provider and evaluated.*

If the answer is YES to any of the above questions, The University of Tennessee also requires that a Health Care Provider complete and return the enclosed Tuberculosis Risk Assessment Form, along with the completed questionnaire, to Student Health Services prior to travel. All Tuberculosis Testing to be accepted must be done 6 months prior to travel.

If the answers to all the above questions are NO, further evaluation is not required; however, this completed questionnaire must be returned to Student Health Services prior to travel.

**STUDENT SIGNATURE (REQUIRED):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RECEIVED IN STUDENT HEALTH SERVICES BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF STUDENT HEALTH SERVICES REPRESENTATIVE:** \_\_\_\_\_

Afghanistan	Central African Rep.	Guinea-Bissau	Maldives	Paraguay	Swaziland
Algeria	Chad	Guyana	Mali	Peru	Tajikistan
Angola	China	Haiti	Marshall Islands	Philippines	Thailand
Argentina	Colombia	Honduras	Mauritania	Poland	Timor-Leste
Armenia	Comoros	India	Mauritius	Portugal	Togo
Azerbaijan	Congo	Indonesia	Mexico	Qatar	Trinidad/Tobago
Bahrain	Cote d'Ivoire	Iran	Micronesia	Romania	Tunisia
Bangladesh	Democratic Republic of the Congo	Iraq	Moldova	Russian Federation	Turkey
Belarus	Djibouti	Kazakhstan	Mongolia	Rwanda	Turkmenistan
Belize	Dominican Republic	Kenya	Montenegro	St. Vincent and the Grenadines	Tuvalu
Benin	Ecuador	Kiribati	Morocco	Sao Tome and Principe	Uganda
Bhutan	El Salvador	Korea-DPR	Mozambique	Senegal	Ukraine
Bolivia	Equatorial Guinea	Korea-Republic	Myanmar	Serbia	United Republic of Tanzania
Bosnia and Herzegovina	Eritrea	Kuwait	Namibia	Seychelles	Uruguay
Botswana	Estonia	Kyrgyzstan	Nauru	Sierra Leone	Uzbekistan
Brazil	Ethiopia	Lao PDR	Nepal	Singapore	Vanuatu
Brunei Darussalam	Fiji	Latvia	Nicaragua	Solomon Islands	Venezuela
Bulgaria	Gabon	Lesotho	Niger	Somalia	Viet Nam
Burkina Faso	Gambia	Liberia	Nigeria	South Africa	Yemen
Burundi	Georgia	Libya	Niue	South Sudan	Zambia
Cabo Verde	Ghana	Lithuania	Pakistan	Sri Lanka	Zimbabwe
Cambodia	Guatemala	Madagascar	Palau	Sudan	
Cameroon	Guinea	Malawi	Panama	Suriname	
		Malaysia	Papua New Guinea		

*\*Source: World Health Organization, Global Health Observatory, Tuberculosis Incidence. Countries with incidence rates of >20 cases per 100,000 population.*

## Tuberculosis (TB) Risk Assessment Form

<b>Student's Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Date of Birth</b>	<b>Student ID #</b>	

**To Health Care Provider:**

This student's responses on our TB Screening Questionnaire confirm an increased risk for TB infection. The following information is therefore required to complete their registration process for the University. **All indicated testing must be performed within the 6 months prior to travel.**

<b>1. Risk Factors for Infection (Review with patient. If any "Yes" proceed to #2. If all "No", proceed to #5)</b>		
A. Prior positive TB test.	Yes	No
B. Recent close contact with someone with infectious TB disease.	Yes	No
C. Foreign-born (or travel* to/in) a high prevalence area (e.g., Africa, Asia, Eastern Europe, or Central or South America).	Yes	No
D. Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease.	Yes	No
E. HIV/AIDS	Yes	No
F. Organ transplant recipient.	Yes	No
G. Immunosuppressed (equivalent of > 15 mg/day of prednisone of > 1 month or TNF- α antagonist).	Yes	No
H. History of illicit drug use	Yes	No
I. Resident, employee, or volunteer in a high-risk congregate setting (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)	Yes	No
J. Medical condition associated with increased risk of progressing to TB disease if infected [e.g., diabetes mellitus; silicosis; head, neck or lung cancer; hematologic or reticuloendothelial disease, such as Hodgkin's disease or leukemia; end stage renal disease; intestinal bypass or gastrectomy; chronic malabsorption syndrome; HIV/AIDS or low body weight (i.e., 10% or more below ideal for the given population)]	Yes	No

*\*The significance of the travel exposure should be discussed with a health care provider and evaluated for testing necessity.*

**Review with patient. If the answer to any of the above questions was "Yes" proceed to #2. If all "No", proceed to #5)**

<b>2. Does the student have signs or symptoms of active TB, e.g. fever, night sweats, hemoptysis, prolonged cough, or weight loss?</b>	Yes	No
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*If yes, proceed with testing as indicated, e.g. TST or IGRA, chest x-ray, sputum AFB smear and cultures. Ongoing treatment for TB will not prevent the student's participation.*  
*If no, proceed to number 3.*

<b>3. Tuberculin Skin Test (TST) OR Interferon Gamma Release Assay (IGRA)</b>
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Do not use TST within four weeks of a live virus vaccine.  
TST result should be recorded as actual millimeter of induration, transverse diameter; if no induration, write "0".  
The TST interpretation should be based on millimeter of duration as well as risk factors. See page 2.\*\*

<b>TST:</b>	Date Given ____/____/____	Result: _____ mm of induration.
	Date Read: ____/____/____	** <u>Interpretation:</u> Negative / Positive

**Interferon Gamma Release Assay (IGRA):**

Date Obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Specify Method) QFT-G QFT-GIT T-Spot Other \_\_\_\_

Result: Negative / Positive / Intermediate / Indeterminant

**4. Chest x-ray required within 6 months prior to departure for recent or prior positive TST or IGRA**

Date Obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_

Result: Normal / Abnormal

**5. Please Circle "No Risk" or "Risk" Below Regarding TB Infections:**

**A. No Risk**

**B. Risk (Please attach information regarding past/present treatment for latent/active TB infection)**

**6. Health Care Provider Contact Information *sign only when testing completed***

**Provider's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Country** \_\_\_\_\_

**( )**

**( )**

**Phone #**

**Fax #**

**Provider's Signature**

**Date**

**\*\* TST Interpretation Guidelines**

**> 5 mm is positive in:**

- Recent close contacts of an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray consistent with past TB disease
- Organ transplant recipients
- Immunosuppressed persons: taking > 15 mg/d of prednisone for > 1 month; taking a TNF- $\alpha$  antagonist
- Persons with HIV/AIDS

**> 10 mm is positive in:**

- Persons born in a high prevalence country or who resided in one for a significant\* amount of time
- History of illicit drug use
- Mycobacteriology laboratory personnel
- History of resident, worker or volunteer in high-risk congregate settings
- Persons with the following: silicosis; diabetes mellitus; chronic renal failure; leukemias and lymphomas; gastrectomy or intestinal bypass; head, neck, or lung cancer; low body weight (>10% below ideal); and/or chronic malabsorption syndromes

**> 15 mm is positive in:**

- Persons with no known risk factors for TB disease

\*The significance of travel exposure should be discussed with a health care provider and evaluated.

**Healthcare Provider: Please return this completed two page form to the address listed below. It must be received in our office one month prior to travel.**

**Student Health Services  
 The University of Tennessee Chattanooga  
 615 McCallie Avenue, Department 6856  
 Chattanooga, TN 37403**