



Tuberculosis Screening

Tuberculosis (TB) screening is required for incoming international students (or those considered to be international students) that were born in, resided in, or traveled to one of the following countries:

As of Fall 2013, T-Spot or Quantiferon Gold Blood testing is required. TB Skin testing will no longer be accepted as a Tuberculosis screen.

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2014.

STUDENT HEALTH CENTER POLICY REQUIRES:

- T-Spot or Quantiferon Gold Blood testing is required.
- Tuberculosis testing must be done within 12 months of enrollment.
- Students with a prior BCG immunization still require tuberculosis testing.
- Students with positive TB test results will be evaluated at the Student Health Center.
- Chest x-rays **MUST** have been done in the UNITED STATES and within the last 12 months prior to enrollment.

TB SCREENING SHOULD BE CONSIDERED IF:

- Persons who have been close contacts of a person with infectious TB
- Persons with signs or symptoms of active TB
- Persons with HIV infection
- Persons who inject drugs
- Persons who have resided in, have been employed by, or volunteered in the following high-risk congregate settings: prisons and jails, nursing homes and other long-term facilities for the elderly, hospitals and other health care facilities, residential facilities for patients with acquired immunodeficiency syndrome (AIDS), and homeless shelters
- Persons with the following clinical conditions that place them at high risk: silicosis, diabetes mellitus, chronic renal failure, some hematologic disorders (e.g. leukemias and lymphomas), other specific malignancies (e.g. carcinoma of the head or neck and lung), low body weight (10% or more below the ideal), gastrectomy and jejunioileal bypass, prolonged corticosteroid therapy (e.g. prednisone 15 mg/d for 1 month), other immunosuppressive therapy, pulmonary fibrotic lesions seen on chest radiographs (presumed to be from prior, untreated TB)

Detailed information about screening and treatment for tuberculosis can be found at the following website: <http://www.cdc.gov/tb/>

ALL RECOMMENDED VACCINES AND SCREENINGS ARE AVAILABLE AT STUDENT HEALTH SERVICES

If you have questions, please visit our web site at shs.tamu.edu or call (979) 458-8297.

You can return this document by fax ((979) 458-8319) or email – patient-services@shs.tamu.edu.

TUBERCULOSIS TESTING DOCUMENTATION

Student Name: _____ UIN: _____ Date of Birth: ____/____/____
MM DD YYYY

T-Spot or Quantiferon Gold Test Result: _____ Date of Result: ____/____/____
MM DD YYYY

Physician Signature Date of Signature Office Telephone Number

Address of Clinic or Office City State or Country Zip or Country Code

A Copy or Original test result document is required.

Texas A&M University – Student Health Services reserves the right to not accept documentation that appears to be duplicated, false, or altered.