



**DARTMOUTH COLLEGE**  
 Health Service at Dick Hall's House  
 7 Rope Ferry Road, Hanover, NH 03755  
 Phone: (603) 646-9404 Fax: (603) 646-9410

**ALL students MUST complete section A. If any of the answers to the questions in section A are "yes" then 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 A-to be completed by student**

1. Were you born in any of the countries listed on **page 2**? \_\_\_YES \_\_\_NO
2. Have you lived or traveled for more than 1 month in any countries on **page 2**? \_\_\_YES \_\_\_NO
3. Have you worked in or lived in a 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
4. Have you had recent or prolonged contact with someone with **infectious or active** Tuberculosis? \_\_\_YES \_\_\_NO
5. Are you an entering Geisel School of Medicine student? \_\_\_YES \_\_\_NO
6. Do you have history of a positive TB test? (**f yes proceed directly to section C**) \_\_\_YES \_\_\_NO

**ONLY** If you answered "yes" to any of these questions you are required to submit a Mantoux 5TU PPD skin test **OR** an Interferon gamma release assay (IGRA). The test **MUST** have been performed within 6 months prior to entrance to Dartmouth College. Have your health care provider fill out section B.

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**

- **TB testing is required even if you have had the BCG vaccine**
- **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-** (must be written or translated into English): Positive: \_\_\_ Negative: \_\_\_ Type: \_\_\_\_\_ Date: \_\_\_\_\_  
 (LAB REPORT MUST BE ATTACHED)

**\* 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 1<sup>st</sup> 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**

**Section C-to be completed by health care provider in the event of positive tuberculosis test or history of tuberculosis**

1. If Positive TST Please complete IGRA (Quantiferon Gold) or CHEST X-RAY -LAB REPORT MUST BE SUBMITTED (IF IGRA IS POSITIVE A CHEST X-RAY MUST BE COMPLETED)
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 or **MUST** be written or officially translated into English and dated within 12 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):** \_\_\_\_\_
4. Provide a clinical evaluation. Does the patient exhibit cough, hemoptysis, fever, chills, night sweats or weight loss?  
 Yes \_\_\_ No \_\_\_. If **yes** please describe \_\_\_\_\_

Certification by health care provider (REQUIRED)

\_\_\_\_\_  
 Signature of Provider MD/PA/NP/RN Printed Name Date

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*

[http://www.who.int/tb/publications/global\\_report/high\\_tb\\_burden/countrylists2016-2020summary.pdf?ua=1](http://www.who.int/tb/publications/global_report/high_tb_burden/countrylists2016-2020summary.pdf?ua=1)

ANGOLA	
AZERBAIJAN	MALAWI
BANGLADESH	MOZAMBIQUE
BELARUS	MYANMAR
BOTSWANA	NAMINIA
BRAZIL	NIGERIA
CAMEROON	PAKISTAN
CENTRAL AFRICAN REPUBLIC	PAPUA NEW GUINEA
CHAD	PERU
CHINA	PHILIPPINES
CONGO	REPUBLIC OF MOLDOVA
DEMOCRATIC PEOPLE'S REPUBLIC OF	RUSSIAN FEDERATION
KOREA	SOMALIA
DEMOCRATIC REPUBLIC OF THE CONGO	SOUTH AFRICA
ETHIOPIA	SWAZILAND
GHANA	TAJIKISTAN
GUINEA-BISSAU	THAILAND
INDIA	UGANDA
INDONESIA	UKRAINE
KAZAKHSTAN	UNITED REPUBLIC OF TANZANIA
KENYA	UZBEKISTAN
KYRGYZSTAN	VIETNAM
LESOTHO	ZAMBIA
LIBERIA	ZIMBABWE