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(use Penn College network username and password).

**PART I**

Name \_\_\_\_\_  
First name Middle name Last name

Street address / box number / apartment City State ZIP code

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ PCT ID# \_\_\_\_\_ Status:  Part-time  Full-time  
MM DD YYYY

**Tuberculosis (TB) Screening/Testing<sup>1</sup>**

**Please answer the following questions:**

Have you ever had close contact with persons known or suspected to have active TB disease?  Yes  No

Were you born in one of the countries listed below that have a high incidence of active TB disease?  Yes  No

(If yes, please check the country below)

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

Have you had frequent or prolonged visits\* to any of the countries listed above with a high prevalence of TB disease?  Yes  No  
(If yes, check the countries above)

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

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?  Yes  No

Have you been a volunteer or healthcare worker who served clients who are at increased risk for active TB disease?  Yes  No

Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol?  Yes  No

If the answer is YES to any of the above questions, Pennsylvania College of Technology requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester.

If the answer to all of the above questions is NO, no further testing or further action is required.

<sup>1</sup>The American College Health Association has published guidelines on "Tuberculosis Screening and Targeted Testing of College and University Students." To obtain the guidelines, visit [www.acha.org](http://www.acha.org).

**PART II:** To be completed and signed by your healthcare provider. All information must be in English.

**Required vaccinations**

**A. MMR (Measles, Mumps, Rubella)**

Dose #1     /    /      
MM DD YYYY

Dose #2     /    /      
MM DD YYYY

**B. Meningococcal Quadrivalent** Required for all on-campus residents; strongly recommended for all other students.

(A, C, Y, W-135) One or two doses for all college students; revaccinate every 5 years.

1. Quadrivalent conjugate

Dose #1     /    /      
MM DD YYYY

Dose #2     /    /      
MM DD YYYY

**C. Tetanus, Diphtheria, Pertussis** Tdap booster must be within the last 10 years

1. Primary series completed?  Yes  No Date of last dose in series     /    /      
MM DD YYYY

2. Date of most recent booster dose     /    /     Type of booster  Td  Tdap  
MM DD YYYY

**D. Hepatitis B**

Dose #1     /    /      
MM DD YYYY

Dose #2     /    /      
MM DD YYYY

Dose #3     /    /      
MM DD YYYY

**E. Varicella**

1. History of disease  Yes  No

2. Immunization Dose #1     /    /     Dose #2     /    /      
MM DD YYYY MM DD YYYY

**F. Tuberculosis (TB) Risk Assessment** (completed by healthcare provider)

Clinicians should review and verify the information above. Persons answering yes to any of the questions in Part F are candidates for either Mantoux Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.

History of a positive TST or IGRA blood test? (If yes, document below)  Yes  No

History of BCG vaccination? (If yes, consider IGRA, if possible.)  Yes  No

**1. TB Symptom Check**

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

If no, proceed to 2 or 3.

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

Proceed with additional evaluation to exclude active tuberculosis disease including TST, chest x-ray, and sputum evaluation as indicated.

**2. Tuberculin Skin Test (TST)**

TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0." The TST interpretation should be based on mm of induration as well as risk factors.\*\*

Date given     /    /      
MM DD YYYY

Date read     /    /      
MM DD YYYY

Result      mm of induration

\*\*Interpretation  positive  negative

Date given     /    /      
MM DD YYYY

Date read     /    /      
MM DD YYYY

Result      mm of induration

\*\*Interpretation  positive  negative

**3. Interferon Gamma Release Assay (IGRA)**

Date obtained     /    /     (specify method)  QFT-GIT  T-Spot  other       
MM DD YYYY

Result  negative  positive  indeterminate  borderline  (T-Spot only)

Date obtained     /    /     (specify method)  QFT-GIT  T-Spot  other       
MM DD YYYY

Result  negative  positive  indeterminate  borderline  (T-Spot only)

**4. Chest x-ray (Required if TST or IGRA is positive)**

Date of chest x-ray       /      /        
MM DD YYYY

Result  normal  abnormal

\*\*Interpretation guidelines

**>5 mm is positive**

- 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 and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for >1 month)
- HIV-infected persons

**>10 mm is positive**

- Recent arrivals to the U.S. (<5 years) from high prevalence areas or who resided in one for a significant\* amount of time
- Injection drug users
- Mycobacteriology laboratory personnel
- Residents, employees, or volunteers in high-risk congregate settings
- Persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (e.g., leukemias and lymphomas; cancers of the head, neck, or lung), gastrectomy or jejunoileal bypass, and weight loss of at least 10% below ideal body weight

**>15 mm is positive**

- Persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

**Management of Positive TST or IGRA**

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
- Recently infected with M. tuberculosis (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis; diabetes mellitus; chronic renal failure; leukemia; or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunoileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol

Populations defined locally as having an increased incidence of disease due to M. tuberculosis, including medically underserved, low-income populations

- Student agrees to receive treatment  Student declines treatment at this time

**Strongly recommended vaccines**

**G. Influenza**

Date of last dose       /      /        
MM DD YYYY

**H. Human Papillomavirus Vaccine (HPV2/HPV4/HPV9)**

Dose #1       /      /        
MM DD YYYY

Dose #2       /      /        
MM DD YYYY

Dose #3       /      /        
MM DD YYYY

**I. HEPATITIS A**

Dose #1       /      /        
MM DD YYYY

Dose #2       /      /        
MM DD YYYY

**J. Meningococcal Serogroup B (two or three dose series)**

MenB-RC (Bexsero)  routine  outbreak-related

Dose #1       /      /        
MM DD YYYY

Dose #2       /      /        
MM DD YYYY

**OR**

MenB-FHbp (Trumenba)  routine  outbreak-related

Dose #1       /      /        
MM DD YYYY

Dose #2       /      /        
MM DD YYYY

Dose #3       /      /        
MM DD YYYY

**Healthcare Provider**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Provider:** Provide this completed form and a copy of any immunizations to the student.