## **NCMC Risk Assessment Form**

## **Tuberculosis Targeted Testing Requirements**

The TB targeted testing program is required, per the state of Missouri. Please read carefully. Students who do not comply with listed requirements and required courses of action will not be allowed to register for the subsequent semester.

Name:		First,	MI	Student ID#:	
Address: _	Last,	FIISI,	IVII	Phone #:	
o determine high-risk					
. Have you ever had o	lose contact	with persons known or	suspected to I	have active TB disease?	∃No
. Were you born in on	e of the coun	tries listed below? (If ye	s, please CIR	CLE the country, below)	
Afghanistan		Ecuador	, i	Maldives	Sao Tome and Principe
Algeria		El Salvador		Mali	Senegal
Angola		Equatorial Guinea		Marshall Islands	Serbia
Argentina Armenia		Eritrea Estonia		Mauritania Mauritius	Seychelles Sierra Leone
Azerbaijan		Ethiopia		Mexico	Singapore
Bahrain		Fiji		Micronesia (Federated States	Solomon Islands
Bangladesh		Gabon		of)	Somalia
Belarus		Gambia		Mongolia	South Africa
Belize		Georgia		Morocco	South Sudan
Benin		Ghana		Mozambique	Sri Lanka
Bhutan		Guatemala		Myanmar	Sudan
Bolivia (Plurinational State of	f)	Guinea		Namibia	Suriname
Bosnia and Herzegovina		Guinea-Bissau		Nauru	Swaziland
Botswana		Guyana		Nepal	Tajikistan
Brazil Brunei Darussalam		Haiti Honduras		Nicaragua Nicar	Thailand Timor-Leste
Bulgaria		India		Niger Nigeria	Togo
Burkina Faso		Indonesia		Niue	Trinidad and Tobago
Burundi		Iran (Islamic Republic of)		Pakistan	Tunisia
Cabo Verde		Iraq		Palau	Turkey
Cambodia		Kazakhstan		Panama	Turkmenistan
Cameroon		Kenya		Papua New Guinea	Tuvalu
Central African Republic		Kiribati		Paraguay	Uganda
Chad		Kuwait		Peru	Ukraine
China		Kyrgyzstan		Philippines	United Republic of
Colombia		Lao People's Democratic		Poland	Tanzania
Comoros Congo		Republic Latvia		Portugal Qatar	Uruguay Uzbekistan
Côte d'Ivoire		Lesotho		Republic of Korea	Vanuatu
Democratic People's Republi	ic of	Liberia		Republic of Moldova	Venezuela (Bolivarian
Korea	.0 01	Libya		Romania	Republic of)
Democratic Republic of the		Lithuania		Russian Federation	Viet Nam
Congo		Madagascar		Rwanda	Yemen
Djibouti		Malawi		Saint Vincent and the	Zambia
Dominican Republic		Malaysia		Grenadines	Zimbabwe
*Countries with high in	ncidence of act	tive TB disease. The signific	cance of the tra	vel exposure should be discussed with a	a health care provider
. Have you had freque	ent or prolong	ged visits (lasting longer	than 2 weeks	<ul> <li>to one or more of the countries lis</li> </ul>	sted above? □Yes □N
•		s above and indicate # c		,	
r you, or indiction		doore and maleate me	n wooko you v	word in that oddring)	
. Have you been a res	sident and/or	employee of high-risk c	ongregate set	ttings (e.g., correctional facilities, lo	ng-term care facilities, and
omeless shelters?	⊇Yes □ No				
		101 1 1			5D0 =V = N
. Have you been a vol	unteer or hea	alth-care worker who se	rved clients w	ho are at increased risk for active T	ΓB? □Yes □ No
Have you ever been	a mambar at	f any of the following are	oung that may	have an increased incidence of lat	ant M tuboroulogia infaction or
				have an increased incidence of lat	ent w. tuberculosis injection of
ctive TB disease – me	edically under	rserved, low-income, or	abusing drug	s or alcohol? □Yes □ No	
		ove questions, no furthe	•	•	
the answer is YES t	o any of the a	above questions, please	see the other	r side of this sheet for instructions.	

Send Risk Assessment Form to: Director of Residence Life 1301 Main Street, Trenton, MO 64683 Fax: 660-359-2211

## NCMC Risk Assessment Form Tuberculosis Targeted Testing Requirements

If you answered YES to any of the questions on the other side of this sheet, you are a candidate for a tuberculin skin test or IGRA and need to contact a local public health agency to receive a TB test. Please note that you are responsible for the cost of any testing and follow-up required.

Locally, you may contact the Grundy County Health Department located at 1716 Lincoln Street in Trenton for a simple TB skin test on Mondays, Tuesdays, or Wednesdays. You may contact their office with any questions you have by calling 660-359-4196. Appointments are not required for a TB skin test.

Documentation of the TB Risk Assessment Form and documentation of testing completion must be provided to NCMC by mid-term week to avoid holds being placed on your account. It is the student's responsibility to obtain the necessary documentation, send and confirm receipt of the documentation to the Director of Residence Life by bringing it to the Alexander Student Center or by mailing to:

Director of Residence Life NCMC 1301 Main Street Trenton, MO 64683

All NCMC students are expected to comply with the targeted testing program and any course of action deemed necessary by the local public health agency. If you have additional questions related to TB testing, please contact the Grundy County Health Department at: (660) 359-4196. You will receive a letter outlining this information to the address on file with the institution.

## **Additional Health Information**

- Tuberculosis testing is recommended (but not mandated) for individuals in the following groups because when latent TB infection is present, the risk of progression to active TB disease is high:
  - HIV positive or other immunosuppressive disorders or use of immunosuppressive medications
  - History of IV drug abuse
  - Have lived or worked somewhere in the US where TB disease is more common (homeless shelters, prison or jails, or some nursing homes)
- Per Missouri legislation, all residential students must receive the meningococcal vaccine or submit a signed statement for a medical or religious exemption. Please submit the health history form and vaccination verification or signed statement portion on the health history form and submit to the Director of Residence Life, 1301 Main Street, Trenton, MO, 64683. The Health History Form is located on the NCMC website, under <Student Life>, <Residence Halls>, <Sign Me Up>, <Health History>.
- Other health considerations and possible immunizations to visit with your health care provider about include:
  - Measles, Mumps, Rubella (MMR) Vaccine or MMR blood titer test
  - Tetanus/Diphtheria/acellular Pertussis (Tdap) administered within the past 10 years
  - Hepatitis B series (3 doses). If incomplete, provide dates of any doses received
  - Annual Influenza vaccine
  - Varicella (chicken pox). No vaccine is needed if there is a history of natural infection

Table Source on other side of page: World Health Organization Global Health Observatory, Tuberculosis Incidence 2012. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to http://apps.who.int/ghodata.

Tuberculosis (TB) Screening Questionnaire modified from the American College Health Association (ACHA) Guidelines, *Tuberculosis Screening and Targeted Testing of College and University Students*, April 2014.

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