

Humanitarian Parolee Tuberculosis Screening and Testing Form

As part of the Department of Homeland Security's humanitarian parolee programs, program beneficiaries two years of age or older are required to complete a medical screening for tuberculosis (TB), including **an IGRA test** within 90 days of arrival to the United States. Please use this form to record patient information, including screening, testing, and treatment initiation information. While screening and testing of children under two years of age is not required as part of current programs, the VDH TB Program would encourage screening and testing with a TST. District nursing staff should complete a TB risk assessment (512 and form below) and conduct IGRA testing (T-Spot via Quest or QFT via LabCorp). The VDH TB Program can provide additional guidance to non-TB nurses if needed.

Please submit this form along with your Reimbursement Request via fax (804-416-5178) or encrypted email to tuberculosis@vdh.virginia.gov. For positive IGRA results, submission of this form will serve as reporting for LTBI, but please use the online [REDCap form](#) to report presumptive or confirmed active TB cases.

Please note that this form is **not** intended for Office of Refugee Resettlement (ORR) eligible refugees. For ORR-eligible refugees, please continue to use the [Newcomer Health Program Initial Health Screening Report](#) form.

Patient Information

Last Name:	First Name:	Middle Name:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Pregnancy Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Country of Origin:		
Address:		
City:	State:	Zip Code:
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown	Race: <input type="checkbox"/> Alaskan Native/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi-Race	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Other: _____
Additional High-Risk Category: <input type="checkbox"/> TB Contact <input type="checkbox"/> MDR-TB Contact <input type="checkbox"/> Diabetes <input type="checkbox"/> HIV <input type="checkbox"/> Other: _____		

Screening Information

Type of Test: <input type="checkbox"/> QFT <input type="checkbox"/> T-SPOT <input type="checkbox"/> TST* <i>*For children less than 2 years of age</i>	Date of Test Administration:	Is this a repeat test? <input type="checkbox"/> Yes <input type="checkbox"/> No
Result Date:	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> Borderline <i>*If the test result is Indeterminate, Invalid, or Borderline, please repeat testing and resubmit this form, indicating that this is a repeat test</i>	Induration:
Date of Chest X-Ray:	Result: <input type="checkbox"/> Consistent with TB <input type="checkbox"/> Not Consistent with TB <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown	

Treatment Information

Did the client <input type="checkbox"/> Accept or <input type="checkbox"/> Decline treatment?
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If the client accepted treatment, the VDH TB Program will follow up to collect additional details.