

**Tuberculosis Screening Form (to be completed by incoming students):**

|                |  |
|----------------|--|
| First Name:    |  |
| Last Name:     |  |
| Student ID #:  |  |
| Date of Birth: |  |

**PART I. Tuberculosis (TB) Exposure Assessment**

|   |                |
|---|----------------|
| 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 or territories listed in Appendix A that have a high incidence of active TB disease?  | Yes ___ No ___ |
| Have you lived in or traveled to one or more of the countries listed in Appendix A for a period of one to three months or more?   | Yes ___ No ___ |
| If you answered YES to either of the above questions, please list the country or territory here starting with the most recent travel first:   |                |
| Country 1:  |                |
| Dates:  |                |
| Purpose:  |                |
| Country 2:  |                |
| Dates:  |                |
| Purpose:  |                |
| Additional countries/dates/purpose:   |                |
| Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and temporary housing programs for houseless)?                                       | Yes ___ No ___ |
| Have you been a volunteer or health care 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 ___ |

**PART II. Clinical Assessment**

|   |                         |
|---|-------------------------|
| Have you ever had a BCG vaccination (A TB vaccine only given in high-risk countries)?   | Yes ___ No/Not sure ___ |
| Have you ever had a positive (abnormal) TB skin or blood test?  | Yes ___ No ___          |
| If yes, what was the date?  | Date:                   |
| Was it followed up with a chest x-ray?  | Yes ___ No ___          |
| <ul style="list-style-type: none"> <li><b>Please send a copy of the x-ray report for TB results 10 mm and greater.</b></li> </ul>   | Yes ___ No ___          |
| <ul style="list-style-type: none"> <li>Did you take medication for treatment?</li> </ul>  | Yes ___ No ___          |
| <b>Do you currently have any of the following symptoms?</b>   |                         |
| <ul style="list-style-type: none"> <li>Cough (especially if lasting 3 weeks or longer) with or without sputum production</li> </ul> | Yes ___ No ___          |
| <ul style="list-style-type: none"> <li>Coughing up blood (hemoptysis)</li> </ul>  | Yes ___ No ___          |
| <ul style="list-style-type: none"> <li>Chest pain</li> </ul>  | Yes ___ No ___          |
| <ul style="list-style-type: none"> <li>Loss of appetite</li> </ul>  | Yes ___ No ___          |
| <ul style="list-style-type: none"> <li>Unexplained weight loss</li> </ul>   | Yes ___ No ___          |
| <ul style="list-style-type: none"> <li>Night sweats</li> </ul>  | Yes ___ No ___          |
| <ul style="list-style-type: none"> <li>Fever</li> </ul>   | Yes ___ No ___          |

We will review your responses and let you know if you are required to have a TB screening test upon arrival or prior to arrival to campus. International students who meet this criterion, a TB screening will be scheduled within the first few weeks of your arrival to campus. Domestic students requiring a TB test may schedule an appointment with your provider prior to arrival or schedule an appointment in Health Services upon arrival.