

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 ____
In what country were you born?	
Have you lived in your birth country in the past 5 years?	Yes ____ No ____
Have you lived in or traveled outside of the United States in the past 5 years?	Yes ____ No ____
If YES, complete the following:	
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"> Please send a copy of the x-ray report for TB results 10 mm and greater. 	
<ul style="list-style-type: none"> Did you take medication for treatment? 	Yes ____ No ____
Do you currently have any of the following symptoms?	
<ul style="list-style-type: none"> Cough (especially if lasting 3 weeks or longer) with or without sputum production 	Yes ____ No ____
<ul style="list-style-type: none"> Coughing up blood (hemoptysis) 	Yes ____ No ____
<ul style="list-style-type: none"> Chest pain 	Yes ____ No ____
<ul style="list-style-type: none"> Loss of appetite 	Yes ____ No ____
<ul style="list-style-type: none"> Unexplained weight loss 	Yes ____ No ____
<ul style="list-style-type: none"> Night sweats 	Yes ____ No ____
<ul style="list-style-type: none"> Fever 	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.