



Name _____ DOB ____/____/____

TODAY'S DATE ____/____/____ Student ID #: _____

TUBERCULOSIS (TB) SCREENING/TESTING (REQUIRED)

Please answer the following questions:

Has anyone in your family or other close contact had tuberculosis (TB)? YES NO

Have you ever had a positive TB test? YES NO

Have you ever been on medication to treat TB? YES NO

If yes, did you complete the treatment? ____yes ____no

*Have you ever spent more than two months outside of the United States? YES NO

If yes, when? _____

Please list the country(s) in which you resided _____

International students: Have you ever had a Bacilla Calmette-Guerin (BCG) vaccine? YES NO

*In what country were you born? _____

Have you ever worked or volunteered in a prison/jail? YES NO

Have you ever provided patient care in a nursing home, hospital or other health care facility? YES NO

Have you ever worked or volunteered in a residential facility for patients with AIDS? YES NO

*Significance of travel exposure and/or country of origin should be discussed with a health care provider.

Check if you have any symptoms listed below:

- Checkboxes for symptoms: Cough, Loss of appetite, Unexplained weight loss, Night sweats, Coughing up blood, Fever, Chest pain

If you were born in the United States and answered NO to all above questions, no further action is required.



THOMAS MORE
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**FOR RESIDENCE HALL
STUDENTS ONLY**

Persons answering YES to any of the above questions are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) unless a previous positive test is documented.

Tuberculin Skin Test (TST)

Date Given: ____/____/____ Date Read ____/____/____ Result ____ mm of induration

Interferon Gamma Release Assay (IGRA)

Date Obtained: ____/____/____ Specify method: ____ QFT-GIT ____ T-spot ____ other

Result: ____ negative ____ positive ____ indeterminate ____ borderline (T-spot only)

Chest x-ray

Date of chest x-ray: ____/____/____ Result: ____ normal ____ abnormal (Please attach CXR report)