TUBERCULOSIS SCREENING FORM

Form must be completed by student and submitted before registering for classes.

PART 1

Today's Date: Full Name:

Date of Birth: MSU ID #

1. Have you ever lived in any of the following countries for six months or more?
   Afghanistan, Bangladesh, Bolivia, Brazil, Cambodia, China, Congo, Ethiopia, Ghana, India, Indonesia
   Kazakhstan, Kenya, Mongolia, Mozambique, Myanmar, Namibia, Nepal, Nigeria, Pakistan,
   Peru, Philippines, Republic of Korea, Russian Federation, South Africa, Tajikistan, Thailand
   Uganda, United Republic of Tanzania, Viet Nam, Zambia, Zimbabwe (Sources: WHO Report 2014:
   Zambia, Zimbabwe (Sources: WHO Report 2014: Global Tuberculosis Controle, P. 9, Table 2.1
   Global Tuberculosis Controle, P. 9, Table 2.1 listing "High TB Burden Countries", and MSU Statistics)
   YES NO

2. Have you ever used intravenous drugs or had a history of alcoholism?
   YES NO

3. Do you have cancer, leukemia, kidney disease, diabetes, AIDS/HIV, or take
   immunosuppressive medications such as prednisone?
   YES NO

4. Have you ever been in close contact with someone with tuberculosis?
   YES NO

5. Have you ever resided, worked, or volunteered in a hospital, nursing home, prison,
   homeless shelter, or other long-term treatment facility?
   YES NO

If you answered YES to any of the above questions complete part 2, otherwise, proceed to part 3.

PART 2

Because you answered - YES - to one or more of the above questions, you are required to have a PPD skin test before
you register for classes at MSU-Bozeman. This PPD must be completed within the 12 month period before your class
start date. You can have the PPD skin test at MSU UHP Medical Services or with a provider of your choice.

Did you receive BCG (vaccination for tuberculosis often given in foreign countries)?
   YES NO

<table>
<thead>
<tr>
<th>TB Skin Test</th>
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<tbody>
<tr>
<td>Date PPD Applied</td>
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<tr>
<td>Dated PPD Read</td>
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<tr>
<td>Size of Induration</td>
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PART 3

Return completed form to UHP Medical Services.

Fax: 406-994-2504

Email: immune@montana.edu

http://www.montana.edu/health/immunization.html

Please call our office with questions at 406-994-2311