Student Health Service
MSU-Bozeman PO Box 173260
Bozeman, MT 59717-3260
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MONTANA STATE UNIVERSITY

TUBERCULOSIS SCREENING FORM

The Montana State University Student Health Service screens all entering students for exposure to tuberculosis. Please complete this form and return it to the Student Health Service. If you have any questions please contact the MSU Student Health Service at 406-994-2311.

Student's Name:_____Date:_____

Address:_____
Street City State /Zip Email address

Student ID#_____ Date of Birth:_____ Phone:____-_____-_____

PAST HISTORY:

	Yes	No
1. Have you lived in any of the following countries for six months or more? Afghanistan, Bangladesh, Bolivia, Brazil, Cambodia, China, Congo, Ethiopia, 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 2013: Global Tuberculosis Control, p. 9, Table 2.1 listing "high TB burden" countries, and MSU statistics)	_____	_____
2. Have you used intravenous drugs or had a history of alcoholism?	_____	_____
3. Do you have cancer, leukemia, kidney disease, diabetes, AIDS/HIV or take immunosuppressive medications such as prednisone?	_____	_____
4. Have you been in close contact with someone with tuberculosis?	_____	_____
5. Have you resided, worked or volunteered in a prison, homeless shelter, hospital, nursing home or other long term treatment facility?	_____	_____
6. Did you receive BCG? (Vaccination for Tuberculosis often given in foreign countries)	_____	_____

IMPORTANT: If you have answered "**Yes**" to questions 1-5, you are required to have a PPD skin test before you can register for classes at MSU-Bozeman. This PPD test must be done within the 12 months prior to beginning your classes. You can obtain the PPD skin test from your local health care provider, or you can come to the MSU Student Health Service to receive the test.

NOTE TO LOCAL HEALTH PROFESSIONALS:
Please record the size of the induration in millimeters - a result recorded as "Positive" or "Negative" will not be accepted. **If there is no reaction, please record it as "0 mm"**. Students who have had BCG vaccine are still required to have a PPD skin test. Thank you for your assistance.

Date PPD Applied:_____ Date PPD Read:_____ Size of Induration (in mm):_____

Read by (Health Professional's Name):_____

Health Professional's Signature:_____