

Tuberculosis Screening Form

Please answer and send or bring into the Student Health Service for registration.

MSU- Bozeman PO Box 173260
 Bozeman, MT 59717-3260
www.montana.edu/health

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Student's Name:	Date of Birth:	Student ID #:
Address:	Phone number:	Date Completed:

Past History:	YES	NO
1. Have you lived in any of the following countries for six months or more? Afganistan, 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. <small>(Sources: WHO Report 2013: Global Tuberculosis Control, P. 9, Table 2.1 listing "High TB burden countries, and MSU statistics.)</small>	_____	_____
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?	_____	_____

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

TB SKIN TEST	YES	NO
Did you receive BCG? (Vaccination for Tuberculosis often given in foreign countries)	_____	_____

Date PPD Applied:		Medical Professional's Office Stamp:
Date PPD Read:		
Size of Induration:	mm	
Medical Professional's Official Name:		Medical Professional's Official Signature: