TUBERCULOSIS SCREENING FORM

MONTANA STATE UNIVERSITY
University Health Partners

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Please complete form & send or bring into the University Health Partners before registration.

Student's Name:	Date of Birth:	Student ID #:

Address:	Phone number:	Today's Date:

Past History:

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 (Sources: WHO Report 2014: Global Tuberculosis Controle, P. 9, Table 2.1 listing "High TB Burden Countries, and MSU Statistics.)	**Yes**	**No**
2.	**Have you used intervenous drugs or had a history of alcoholism?**	**YES**	**NO**
3.	**Do you have cancer, Leukemia, kidney disease, Diabetes, AIDS/HIV or take immunosuppressive medcations such as prednisone?**	**YES**	**NO**
4.	**Have you been in close contact with someone with Tuberculosis?**	**YES**	**NO**
5.	**Have you resided, worked or volunteered in a prison, homeless shelter, hospital, nursing home or other long-term treatment facility?**	**YES**	**NO**

If you answered -yes- to any of the above questions. Please complete the rest of the form.

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 receive the PPD skin test from your local healthcare provider or at MSU UHP Medical Services.

Did you receive BCG? (Vaccination for Tuberculosis often given in foreign countries) **YES** **NO**

TB Skin Test	
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:

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