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:___-____-______ Yes No

PAST HISTORY:

1. Have you 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 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 
receive 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:_____________________________________________________________________

Rev. 01/04/17