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: Global Tuberculosis Controle, P. 9, Table 2.1 listing "High TB Burden Countries", and MSU Statistics)

2. Have you ever 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 ever been in close contact with someone with tuberculosis?

5. Have you ever resided, worked, or volunteered in a hospital, nursing home, prison, homeless shelter, or other long-term treatment facility?

(*Indicates required information)

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)?

<table>
<thead>
<tr>
<th>TB Skin Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date PPD Applied</td>
</tr>
<tr>
<td>Medical Professional's Name:</td>
</tr>
<tr>
<td>Dated PPD Read</td>
</tr>
<tr>
<td>Signature:</td>
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<tr>
<td>Size of Induration mm</td>
</tr>
<tr>
<td>Office Stamp:</td>
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</tbody>
</table>

PART 3

Return completed form to SHP Medical Services.

Fax: 406-994-2504
PO Box 173260
Drop off at front desk
Email: immune@montana.edu
Bozeman, MT 59717-3260
100 Swingle Building at MSU

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

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

Rev. 7/2022