TUBERCULOSIS SCREENING FORM

Form must be completed by student and submitted before registering for classes.

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

   YES NO

2. Have you ever used intravenous drugs or had a history of alcoholism?
   YES NO

3. Do you have cancer, leukemia, kidney disease, diabetes, AIDS/HIV, or take
   immunosuppresive medications such as prednisone?
   YES NO

4. Have you ever been in close contact with someone with tuberculosis?
   YES NO

5. Have you ever resided, worked, or volunteered in a hospital, nursing home, prison,
   homeless shelter, or other long-term treatment facility?
   YES NO

PART 2

- If you answered YES to any of the above questions, you are required to have a PPD within the 12
  month period before the day classes start.*

  *An official lab report of a negative Quantiferon test performed within the
  12 month period before the day classes start will also be accepted.

- If you answered YES and have a current PPD, we need an official copy.

- If you answered YES and do not have a current PPD, this requirement will be waived until
  September 1, 2020.

PART 3

Return completed form to UHP 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