



## 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,*

**YES NO**

*Peru, Philippines, Republic of Korea, Russian Federation, South Africa, Tajikistan, Thailand*

*Uganda, United Republic of Tanzania, Viet Nam, Zambia, Zimbabwe (Sources: WHO Report 2014:*

*Zambia, Zimbabwe (Sources: WHO Report 2014: Global Tuberculosis Control, P. 9, Table 2.1*

*Global Tuberculosis Control, 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?**

**YES NO**

**3. Do you have cancer, leukemia, kidney disease, diabetes, AIDS/HIV, or take immunosuppressive 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**

*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)?

**YES NO**

#### **TB Skin Test**

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

### 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](mailto: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>