MANDATORY TUBERCULOSIS SCREENING FORM

Screening questions in Sections A and B must be answered by all students.

Student's name (please print): ______________________________________ UB Person #: ____________________
Last First MI

Birthdate: _____/______/______ Birth Country: ____________________ Year arrived in US: ______________
Month Day Year

<u>SECTION A</u>: PAST DIAGNOSIS OF TUBERCULOSIS (TB)

1. Have you ever been sick with tuberculosis? YES NO
2. Have you ever had a positive mantoux test? YES NO
   [A mantoux (PPD) is a skin test for tuberculosis]

<u>SECTION B</u>: TUBERCULOSIS (TB) EXPOSURE RISK QUESTIONNAIRE

1. Are you in a health-related academic program/major? YES NO
2. Were you born in, or have you lived, worked or traveled for more than one month in any of the following: Asia, Africa, South America, Central America or Eastern Europe? YES NO
   If yes, what country? ____________________ How long? ____________________
   Reason (please circle) Born there Tourist Work School Other __________
3. Have you had HIV infection, AIDS, diabetes, leukemia, lymphoma or a chronic immune disorder? YES NO
4. Do any of the following conditions or situations apply to you?
   a) Do you have a persistent cough? (3 weeks or more), fever, night sweats, fatigue, loss of appetite, or weight loss? YES NO
   b) Have you ever lived with or been in close contact to a person known or suspected of being sick with TB? YES NO
   c) Have you ever lived, worked, or volunteered in any homeless shelter, prison/jail, hospital or drug rehabilitation unit, nursing home or residential healthcare facility? YES NO

Student Signature ____ Date ________________________

If you answered yes to any of the above, your health care provider must complete Section C.

If you answered no to all of the above, skip Section C.

<u>SECTION C</u>: ATTENTION HEALTH CARE PROVIDER: If student answers YES to any of the above, proof of a PPD is REQUIRED. If student has a history of positive PPD or if PPD results are 10mm or more a chest x-ray is REQUIRED. PPD and/or Chest X-ray must be done within one calendar year prior to admittance. History of BCG vaccination does not prevent testing of a member of a high risk group.

PPD: Date placed ________________ Date read ________________ mm induration ______________________

Date of chest x-ray ________________ Result __________________

If negative CXR and positive PPD, did student complete a course of INH? YES NO
If yes, how many months did student take INH? ____________ (# of months)

<u>PROVIDER INFORMATION</u>

____
Signature of health care provider

____
Stamp of health care provider

____
Date

(______)________________
Phone number of practice