



TUBERCULOSIS SCREENING FORM

Student Health Service
MSU-Bozeman PO Box 173260
Bozeman, MT 59717-3260
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www.montana.edu/health

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: _____ - _____ - _____

PAST HISTORY:

- | | Yes | No |
|--|-------|-------|
| 1. Have you lived in any of the following countries for six months or more?
Afghanistan, Bangladesh, Brazil, Cambodia, Cameroon, China,
Democratic Republic of the Congo, Ethiopia, Haiti, India, Indonesia,
Kazakhstan, Kenya, Mongolia, Mozambique, Myanmar, Nepal, Nigeria,
Pakistan, Philippines, Russian Federation, Senegal, South Africa, Tajikistan,
Thailand, Uganda, United Republic of Tanzania, Viet Nam, Zambia, Zimbabwe
<small>(Sources: WHO Report 2011: Global Tuberculosis Control, p. 12, Table 2.1 listing "high TB burden" countries, and MSU statistics)</small> | _____ | _____ |
| 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 obtain 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: _____