

Grand View University Student Health Tuberculosis Questionnaire

Name _____ DOB _____

Tuberculosis Screening Testing of College and University Students

Tuberculosis (TB) Risk Factors Screening (*M. tuberculosis*) Please check all that apply

- Close contacts with persons **known** or **suspected** to have **active** TB disease
- Persons from areas that have a high incidence of active TB disease (e.g., Africa, Asia, Eastern Europe, Latin America, and Russia) Name of Country: _____
- Persons who visit areas with a high prevalence of TB disease, especially if visits are frequent or prolonged
- Residents and employees of high-risk congregate settings (e.g., correctional facilities, long-term care facilities and homeless shelters)
- Health care workers who serve clients who are at increased risk for active TB disease
- Populations defined locally as having an increased incidence of latent *M. tuberculosis* infection or active TB disease, possibly including medically underserved, low-income populations or persons who abuse drugs or alcohol

Have you ever had a **positive TB test?** (Includes blood test or PPD skin test) Yes No

If yes, were you treated? Yes No

Dates and name of medication(s) of treatment _____

Last chest x-ray: Date _____ Results _____

Do any of the following conditions apply to you? Please respond to all questions.

- Persistent fever Yes No
- Significant sweating at night Yes No
- Prolonged cough of more than 3 weeks Yes No
- Coughing up blood Yes No
- Unplanned weight loss Yes No
- Unexplained tiredness Yes No

Please explain any YES answers above: _____

Students indicating "yes" to any of the tuberculosis questions are required to have TB testing in the United States since their most recent high risk exposure, or in the past year.

The information I have provided is true and correct to the best of my knowledge.

Signature: _____ Date: _____