

## Annual Student Tuberculosis Screening

**Health Screening Requirements: Infectious Disease Status  
Required of ALL incoming and continuing students on an annual basis.**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

**Tuberculosis Screening** – IGRA (Interferon gamma releasing assay) blood serology is required.

*NOTE: PPD skin test is not accepted as proof of absence of tuberculosis.*

*Lab results submitted reflecting NEGATIVE result do not require additional action. If the result is positive, a chest x-ray and completion of the form are required. Copies of lab results and CXR must accompany this form.*

**IGRA Blood Test:** Specify the date and result of serologic blood test for Tuberculosis.

Test Date: \_\_\_\_\_ Result: \_\_\_\_\_positive \_\_\_\_\_negative

**ONLY REQUIRED IF IGRA RESULT IS POSITIVE:**

1. Have you received BCG (TB immunization) in the past? (If yes, date ___/___/___)	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Have you had MMR or Varicella vaccine within the last 60 days? (If yes, date (___/___/___))	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Do you have a persistent cough (lasting 3 weeks or more)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Do you cough up blood?	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Do you have persistent, unexplained fevers or night sweats?	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. Do you have a rash? If "Yes", for how long? _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. Do you have unintentional weight loss fatigue, or loss of appetite?	<input type="checkbox"/> No <input type="checkbox"/> Yes
8. Do you have any reason to believe that your immune system may have been altered or damaged due to any of the following conditions or medications, which could increase your risk for tuberculosis (i.e. cancer; sarcoidosis; HIV/ AIDS; chemotherapy; chronic steroid therapy or medications to prevent transplant rejection)? <b>Note: HIV infection and other medical conditions may cause a TB (PPD) skin test to be negative even when TB infection is present.</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Chest X-Ray: Record Results Here:**

Date of Administration: \_\_\_\_\_ Result: \_\_\_\_\_positive \_\_\_\_\_negative

Signature of Clinician: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_