Name: _____ Date of Birth: _____ G-number: _____

TUBERCULOSIS OUESTIONNAIRE

(MANDATORY - NO EXEMPTIONS)

Have you ever had a positive PPD skin test in thc past? YES NO

If yes, STOP. Please submit evidence of treatment or if you have no evidence of treatment, please obtain QuantiFERON-TB Gold (QFT) or T-spot blood test. If QFT or T-spot is positive, a letter from public health must be received in order to gain clearance for entrance to campus. ☐ ☐

PAST HISTORY YES NO

1. Were you born in, have you ever lived in, or recently traveled to (within the past 5 years) any country in the following areas of the world? ☐ ☐

   Africa, Asia, Caribbean nations, Central America (including Mexico), Eastern Europe, India and other Indian Subcontinent Nations, Middle East, Portugal, South America, South Pacific (except Australia and New Zealand), or Spain

2. Do you have a history of cancer, leukemia, kidney disease, diabetes, alcoholism, or intravenous drug use? ☐ ☐

3. Have you resided, worked or volunteered in a prison, homeless shelter, hospital, nursing home, or other long-term treatment facility? ☐ ☐

4. Do you have AIDS/HIV or take immunosuppressive medication such as prednisone? ☐ ☐

5. Have you been in close contact with someone with TB? ☐ ☐

IMPORTANT: If all answers to the above questions is "NO", no TB testing or further action is required. Please sign and date.

Signature _____ Date _____

If you have answered "YES" to any of the above questions listed under PAST HISTORY, you are required to have a PPD skin test within the past year. You can obtain the PPD skin test from your physician or student health center.

NOTE TO HEALTH CARE PROVIDERS: Please record the size of the induration in millimeters. If there is no reaction, please record as "0 mm". Students who have had a BCG vaccine are still required to have a PPD skin test. If the screening skin test is positive (10mm or greater for those who answer "YES" to questions l, 2, or 3, and 5mm or greater for those who answer "YES" to questions 4 or 5), ',ve require the QuantiFERON-TB Gold (QFT) or T-Spot blood test to confirm the student has actually been exposed to TB in the past. (A chest x-ray is required if either test is positive.) PLEASE FOLLOW Tr-ffi, CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) GUIDELINES FOR TREATMENT OF LATENT TUBERCULOSIS INFECTION (LTBD - SEE »VWW.CDC.GOV.

Date PPD Applied: _____ Date PPD Read: _____ Size of Induration: _____mm

Date of QFT or T-Spot (circle type): Result: Negative Positive _____ (provide copy of result) If QFT or T-Spot is positive, refer to public health. A letter from public health must be received in order to gain clearance for entrance to campus.

Date of Chest X-ray: _____ Result: Normal _____ Abnormal _____

Name of Medication: _____ Date Initiated: _____

Health Care Provider's Name, Address, tele #: _____

Health Care Provider's Signature: _____

*REMEMBER! You will not be eligible to pay University fees until all immunization records are in compliance or the exemption is signed. Any questions may contact us at 318-274-2351

RETURN THIS FORM TO: Foster-Johnson Health Center via fax 318-274-2481

PRINT

Revised: 08/21