

# TUBERCULOSIS SCREENING



This form is required for ALL Students.

Student Health Service  
P.O. Box 2000, Cortland, NY 13045  
p: 607-753-4811 f: 607-753-2486  
w: cortland.edu/shs

PLEASE PRINT IN BLACK INK

STUDENT ID/C # \_\_\_\_\_

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Birth date: Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_

## PART A : PAST DIAGNOSIS OF TUBERCULOSIS (TB)

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

If yes to either question STOP. Please submit this form to Student Health Service and forward records of your tests and any treatment to SHS as soon as possible.

## PART B: TUBERCULOSIS EXPOSURE RISK QUESTIONNAIRE

1. See list of countries on opposite side of page. Were you born in or have you worked, lived or traveled in any of these countries for more than one month? YES  NO   
If yes, where? \_\_\_\_\_
2. Have you had HIV infection or AIDS, diabetes, leukemia, lymphoma or a chronic immune disorder? YES  NO   
If yes, please specify \_\_\_\_\_
3. Do any of the following conditions or situations apply for 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? YES  NO   
If so, where \_\_\_\_\_
4. Do you use or have you used:
- d. Medications for cancer or transplant rejections? YES  NO
  - e. Oral steroid (prednisone 15mg/d for more than 1 month)? YES  NO
  - f. Illicit intravenous drugs or crack cocaine? YES  NO

**IMPORTANT NOTICE: If you answered NO to all of the above, sign form and submit to Student Health Service. If you answered YES to ANY question in Part B, a PPD or TB test is required. See Part C below.**

Student signature \_\_\_\_\_ Date \_\_\_\_\_

## PART C: PPD or IGRA (QFT-G/TSPOT) (IF REQUIRED)

**ATTENTION HEALTHCARE PROVIDER:** If student answers YES to any of the above, a PPD, IGRA or chest X-ray (done in the U.S. or Canada) is required within one calendar year of admission. **If PPD or IGRA is positive, a subsequent chest X-ray is mandatory.**

PPD: Date placed \_\_\_\_\_ Date read \_\_\_\_\_ MM induration \_\_\_\_\_

IGRA: Date \_\_\_\_\_ Test:  T-SPOT  QFT-G  Other \_\_\_\_\_ Results: \_\_\_\_\_

Date of chest X-ray \_\_\_\_\_ Results \_\_\_\_\_

Any TB treatment requires a separate statement from physician or treating agency. This should include CXR and sputum results (if done), and any medications with dosages and duration completed.

Healthcare provider's signature \_\_\_\_\_ Date \_\_\_\_\_

Healthcare provider's name (print) \_\_\_\_\_ Registration #/state \_\_\_\_\_

Healthcare provider's address \_\_\_\_\_ Telephone \_\_\_\_\_

## TUBERCULOSIS (TB) IS PREVALENT IN THESE COUNTRIES

Afghanistan	Guam	Palau
Albania	Guatemala	Panama
Angola	Guinea	Papua New Guinea
Anguilla	Guinea-Bissau	Paraguay
Argentina	Guyana	Peru
Armenia	Haiti	Philippines
Azerbaijan	Honduras	Poland
Bahrain	Hungary	Portugal
Bangladesh	India	Qatar
Belarus	Indonesia	Romania
Belize	Iran	Russian Federation
Benin	Iraq	Rwanda
Bhutan	Ivory Coast	Saint Vincent and Grenadines
Bolivia	Japan	Samoa
Bosnia-Herzegovina	Kazakhstan	Saudi Arabia
Botswana	Kenya	Senegal
Brazil	Kiribati	Serbia
British Virgin Islands	Korea (North and South)	Sierra Leone
Brunei Darussalam	Kuwait	Singapore
Bulgaria	Kyrgyzstan	Solomon Islands
Burkina Faso	Laos	Somalia
Burundi	Latvia	South Africa
Cambodia	Lesotho	Spain
Cameroon	Liberia	Sri Lanka
Cape Verde	Libyan Arab Jamahiriya	Sudan
Central African Republic	Lithuania	Suriname
Chad	Macedonia	Swaziland
Chile	Madagascar	Syrian Arab Republic
China	Malawi	Taiwan
China, Hong Kong SAR	Malaysia	Tajikistan
China, Macao SAR	Maldives	Tanzania
Colombia	Mali	Thailand
Comoros	Mauritania	Timor-Leste
Congo	Mexico	Togo
Congo, Democratic Republic of Costa Rica	Micronesia	Tokelau
Croatia	Moldova, Republic of	Tonga
Djibouti	Mongolia	Trinidad and Tobago
Dominica	Montenegro	Tunisia
Dominican Republic	Montserrat	Turkey
Ecuador	Morocco	Turkmenistan
Egypt	Mozambique	Turks and Caicos Islands
El Salvador	Myanmar	Tuvalu
Equatorial Guinea	Namibia	Uganda
Eritrea	Nauru	Ukraine
Estonia	Nepal	Uruguay
Ethiopia	New Caledonia	Uzbekistan
Fiji	Nicaragua	Vanuatu
French Polynesia	Niger	Venezuela
Gabon	Nigeria	Vietnam
Gambia	Niue	Wallis and Futuna Islands
Georgia	Northern Mariana Islands	Yemen
Ghana	Oman	Zambia
	Pakistan	Zimbabwe