

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

Last name _____ First _____ Middle _____ Birth date: Mo. _____ Day _____ Yr. _____

STUDENT ID/C # _____

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

Angola	Guinea-Bissau	Pakistan
Azerbaijan	India	Papua New Guinea
Bangladesh	Indonesia	Peru
Belarus	Kazakhstan	Philippines
Botswana	Kenya	Russian Federation
Brazil	Kyrgyzstan	Sierra Leone
Cameroon	Lesotho	Somalia
Central African Republic	Liberia	South Africa
China	Malawi	Tajikistan
Congo	Moldova, Republic of	United Republic of Tanzania
Congo, Democratic Republic of	Mongolia	Thailand
Democratic People's Republic	Mozambique	Uganda
of Korea	Myanmar	Ukraine
Eswatini	Namibia	Uzbekistan
Ethiopia	Nepal	Vietnam
Gabon	Nigeria	Zambia
Guinea		Zimbabwe