

FOR RESIDENCE HALL STUDENTS ONLY

NameDOB/	
Student ID#:	
TUBEROULOSIS (TB) SOREENING/TESTING (REQUIRED)	
Please answer the following questions:	
Has anyone in your family or other close contact had tuberculosis (TB)?	YES NO
Have you ever had a positive TB test?	YES NO
Have you ever been on medication to treat TB?	YES NO
If yes, did you complete the treatment?yesno	
*Have you ever spent more than two months outside of the United States?	YES NO
If yes, when?	
Please list the country(s) in which you resided	
International students: Have you ever had a Bacilla Calmette-Guerin (BCG) vaccine?	YES NO
*In what country were you born?	
Have you ever worked or volunteered in a prison/jail?	YES NO
Have you ever provided patient care in a nursing home, hospital or other health car	re facility? YES NO
Have you ever worked or volunteered in a residential facility for patients with AIDS	? YES NO
If you were born in the United States and answered NO to all above questions, no required.	further action is
<u>Persons answering YES</u> to any of the above questions are candidates for either Martest (TST) or Interferon Gamma Release Assay (IGRA) unless a previous positive test	
Tuberculin Skin Test (TST)	
Date Given:/ Date Read// Resultmm of in	duration
Interferon Gamma Release Assay (IGRA)	
Date Obtained:/ Specify method: QFT-GIT T-spot	other
Result:negativepositiveindeterminateborderline (T-spo	t only)