

TUBERCULOSIS SCREENING FORM

The Colorado State University Health Service screens all entering students for exposure to tuberculosis (TB). Certain factors increase the risk that a person may have been exposed to TB. These include: residence in a country identified as high risk for TB. Please complete this form and return it to Hartshorn Health Service with your immunization record.

Name _____ Date _____
Address _____ CSU ID# _____
_____ Phone _____

1. Do you currently have any of the following symptoms?

- | | |
|---|---|
| <input type="checkbox"/> Cough greater than 3 weeks | <input type="checkbox"/> Unexplained fevers |
| <input type="checkbox"/> Coughing up blood | <input type="checkbox"/> Unexplained fatigue or tiredness |
| <input type="checkbox"/> Unexplained weight loss | <input type="checkbox"/> Night sweats |

2. Have you traveled or lived in Asia, Africa, Central or South America or Eastern Europe for more than two months? Yes No
If yes, list country(ies) _____

3. Have you ever used injection drugs? Yes No

4. Have you ever been diagnosed with a chronic medical condition that would impair your immune system such as cancer, leukemia, kidney disease, diabetes, AIDS/HIV or do you take immunosuppressive medications? Yes No

5. Have you had close contact with someone with active TB disease? Yes No

6. Have you ever lived, worked or volunteered in a prison, homeless shelter, hospital, nursing home or other long term treatment facility? Yes No

The above information is true and complete to the best of my knowledge and I am aware that deliberate misrepresentation may jeopardize my health. I understand this information is confidential and will not be released without my knowledge and written permission.

Signature of Student

Date

If you answered yes to any of the questions, you MUST have a Tuberculosis Skin Test (PPD).

SEE TB TEST FORM at <http://hartshorn.colostate.edu/pdfs/tbtest.pdf> .