MESSIAH COLLEGE™

Tuberculosis (TB) Screening Questionnaire

The answers to the following questions will be kept completely confidential as per our
HIPAA policy (copy upon request) and are part of your *required* screening for tuberculosis.

Please answer the following questions:

1. Have you ever had close contact with persons known or suspected to have active TB disease?   Y ☐   N ☐

2. Were you born in a country with a high incidence of TB (see list)?   Y ☐   N ☐

   If yes, which country?   _____

3. Have you had frequent or prolonged visits (longer than 3 months) to one or more of the countries with a high

   incidence of TB?   Y ☐   N ☐   If yes, which country?   _____

4. Have you ever been a resident and/or employee of a nursing home, correctional facility or

   homeless shelter?   Y ☐   N ☐

5. Have you ever been a volunteer or health care worker who served patients who

   were at risk for active TB?   Y ☐   N ☐

6. Do you have a history of abusing drugs or alcohol?   Y ☐   N ☐

If any of the above answers are YES, I understand that it is Messiah College policy that I must receive TB testing prior to the start of the semester and before entering the residence hall. I understand that I need to return to have my TB test read by Engle Health Center staff in 48-72 hours in order for the test to be valid. Failure to return within this time frame will require repeat testing which will be an additional charge.

I also understand that a positive TB test will require a chest xray and a follow up visit with the Engle Center nurse practitioner. I will submit an official and current chest Xray report to the Health Center within 1 week. Failure to comply with these requirements will place my registration on hold and may necessitate my removal from campus.

I understand and agree with the statement above and consent to a TB test.

SIGNATURE_____ Date _____

PRINTED NAME _____ DOB _____ ID _____

*If the answer to all the above questions is NO, no further testing or action is required.

*If the answer to any questions above is YES, the student must undergo Tuberculin Skin Testing, Quanti-Feron Tb testing, and/or chest x-ray as indicated, documented below:

Tuberculin Skin Test: Date placed: _____ Date read: _____ Results:_____mm

Lot # _____ Expiration date: _____

Signature (administered by): _____

Quanti-FERON Test: Results: Positive ( )   Negative ( )

Chest x-ray (required if current or previous TST or QFT test is positive):

Date: _____   Normal ( )   Abnormal ( )

INH Treatment: Initiate Date _____ X _____ months   Declined ( )