



## Tuberculosis (TB) Screening Form

Student to complete this section **BEFORE** taking to health care provider:

NAME (PRINT)

DATE OF BIRTH

I have completed the Messiah University tuberculosis pre-screening form and checked YES on questions 1-9. **Because I checked yes on one or more of these questions, I am required to get a PPD** (or if my health care provider deems a blood test is necessary, a T-spot or IGRA).

**Check off the questions you checked YES to on the online pre-screening:**

- Have you recently had close contact with someone with infectious tuberculosis
- Have you had changes on a prior chest x-ray suggesting inactive or latent, or prior tuberculosis infection?
- Are you positive for HIV?
- Are you an organ transplant recipient?
- Are you immunocompromised due to an illness or medications that you take on a regular basis?
- Do you have a history of using illegal injectable drugs?
- Are you (or have you been within the last year) a resident, employee, or volunteer in a high-risk setting (e.g. correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)?
- Were you born in a country with a high incidence of TB (other than North America or West Europe)?  
If yes, which country? \_\_\_\_\_
- Have you had frequent or prolonged visits (longer than 6 months) to one or more of the countries with a high incidence of TB in the past 2 years ?  
If yes, which country? \_\_\_\_\_

I have completed the Messiah University tuberculosis pre-screening form and checked YES on questions 10 and/or 11. **Because I checked yes on one of these questions, I am required to get a TB blood test – either a T spot or IGRA.** A PPD skin test will NOT be accepted under any circumstances and a failure to have this blood test done may cause delays and fees.

**Check off the questions you checked YES to on the online pre-screening:**

- Have you ever been vaccinated with BCG?
- Have you ever had a positive TB test in the past?

**THIS SECTION IS TO BE COMPLETED BY HEALTH CARE PROVIDER:**

Tuberculin Skin Test: Date placed: \_\_\_\_\_ Date read: \_\_\_\_\_ Results: \_\_\_\_\_ mm

Lot # \_\_\_\_\_ Expiration date: \_\_\_\_\_

Signature (administered by): \_\_\_\_\_ **IF PPD is greater than 10 mm, proceed to IGRA or Tspot**

**Quanti-FERON Test Results:** Positive ( ) Negative ( ) **T-spot Results:** Positive ( ) Negative ( ) *Borderline or Indeterminate results must be repeated*

Chest x-ray (required if IGRA or Tspot test is positive): Date: \_\_\_\_\_ Normal ( ) Abnormal ( )

**\*\*MUST ATTACH COPYS of all LABS AND XRAYS**

INH Treatment: Initiate Date \_\_\_\_\_ X \_\_\_\_\_ months Declined ( )

Health Care Provider signature \_\_\_\_\_ Date: \_\_\_\_\_