Student Health Center
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TUBERCULOSIS SCREENING QUESTIONNAIRE

STUDENT NAME **BANNER ID** **DATE OF BIRTH**

Please answer the following questions:

Yes	No	Have you lived or traveled for >2 months in Asia, Africa, Central or South America or Eastern Europe?
Yes	No	Were you born on one of these continents?
Yes	No	Have you ever been vaccinated with BCG?
Yes	No	Have you ever had a positive TB skin test or history of active tuberculosis infection?
Yes	No	Has anyone living in your household ever had a history of active tuberculosis?
Yes	No	Have you worked or volunteered in a nursing home, hospital, homeless shelter, prison or other health care facility?

If the answer is