

**WICKER WELLNESS CENTER**  
**TUBERCULOSIS (TB) SCREENING FORM**

UPLOAD FORM TO: Student Health Portal at [www.union.studenthealthportal.com](http://www.union.studenthealthportal.com)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**STEP 1: PLEASE ANSWER THESE QUESTIONS.** If necessary, all 3 steps may be needed to fulfill health requirement.

**Do any of the following questions apply to you?**

- Yes  No Are you an international student from AFRICA, ASIA, or LATIN AMERICA?
- Yes  No Have you spent more than one month in AFRICA, ASIA (including China and Korea), EASTERN EUROPE or LATIN AMERICA in the last 5 years?
- Yes  No Have you been exposed to someone with TB or someone who has tested positive for TB?
- Yes  No Do you have a history of a positive PPD test?
- Yes  No Do you have a poorly functioning immune system (history of HIV infection, taking immune suppressing drugs, currently taking chemotherapy for cancer)?
- Yes  No Have you had a gastric (stomach) bypassing operation or had part of your stomach removed?
- Yes  No Are you underweight?
- Yes  No Have you worked in an institutional setting (hospital, nursing home, homeless shelter, correctional facility, etc.)?
- Yes  No Have you ever used injection drugs?
- Yes  No Do you have diabetes, chronic kidney failure, leukemia or lymphoma, or an intestinal malabsorption syndrome (celiac sprue, Whipple's disease, cystic fibrosis, etc.)?

**Do you have any of the following symptoms?**

- Yes  No Cough for over 3 weeks.
- Yes  No Night sweats.
- Yes  No Decreased appetite.
- Yes  No Unexplained weight loss.
- Yes  No Unexplained fever (temperature over 38° C or 100.4° F).
- Yes  No Severe, unexplained fatigue.

**IF YOU ANSWERED "NO" TO EVERY QUESTION, you are finished.** Make sure these answers are entered in the Online Health Portal. Do not send form.

**IF YOU ANSWERED "YES" TO ANY OF THESE QUESTIONS, PROCEED TO STEP 2.**

**STEP 2: PPD.** You are **REQUIRED** to have a tuberculosis skin test (PPD) if you answered "YES" to any questions in Step 1; even if you've had a Bacille Calmette-Guérin (BCG) immunization.

Medical Office Stamp

PPD Placed By: \_\_\_\_\_

PPD Read By: \_\_\_\_\_

Date Placed	Left/Right Arm		Manufacturer	Lot # & Exp. Date	Result Date	Result		
	Left	Right				Positive	Negative	mm

**IF YOU HAD A NEGATIVE RESULT, you are finished.** Return form to Health Center.

**IF YOU HAD A POSITIVE RESULT, PROCEED TO STEP 3.**

**STEP 3: CHEST X-RAY.** If you had a **positive PPD**, you **MUST** have a chest x-ray **PRIOR TO ARRIVAL** on campus. **Return form & copy of chest x-ray report to Health Center, you are finished.**

Medical Office Stamp

Chest X-Ray Date: \_\_\_\_\_ Chest X-Ray Result: \_\_\_\_\_

Healthcare Provider Signature: \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent signature, if student is under 18 years old