

WICKER WELLNESS CENTER
TUBERCULOSIS (TB) SCREENING FORM

UPLOAD FORM TO: Student Health Portal at www.union.studenthealthportal.com

Student Name: _____ **Date of Birth:** ____/____/____

Student ID # _____ **Student cell phone:** _____

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 Do you have diabetes, chronic kidney failure, leukemia or lymphoma, or an intestinal malabsorption syndrome (celiac sprue, Whipple's disease, cystic fibrosis, etc.)?
- Yes No Have you had a gastric (stomach) bypassing operation or had part of your stomach removed?
- 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?

Do you have any of the following symptoms?

- Yes No Cough for over 3 weeks, night sweats, decreased appetite, unexplained weight loss, unexplained fever (temperature over 38° C or 100.4° F), 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.

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 **OR** a TSPOT **OR** QFT-G **PRIOR TO ARRIVAL** on campus.

Medical Office Stamp

Return form & copy of the appropriate documentation (xray, TSPOT, QFT-G) to the Health Center, you are finished.

Chest X-Ray Date: _____ Chest X-Ray Result: _____

TSPOT Date: _____ TSPOT Result: _____ QFT-G Date: _____ QFT-G Result: _____

STUDENT SIGNATURE: _____ **DATE** ____/____/____

Parent signature, if student is under 18 years old