

WICKER WELLNESS CENTER

TUBERCULOSIS (TB) SCREENING FORM

UPLOAD FORM TO: Student Health Portal at <https://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 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 ABOVE, you are finished. Please sign then upload this with your other forms on the student health portal.

STUDENT SIGNATURE: _____ **DATE** ____/____/____
Parent signature, if student is under 18 years old

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. Please have your healthcare provider sign below and then upload this form to the student health portal.

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. Indicate below:

Chest X-Ray Date: _____ Chest X-Ray Result: _____ Medical Office Stamp

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

Please have your healthcare provider sign below. Upload this form & a copy of the appropriate documentation (xray, TSPOT, QFT-G) on the student health portal, you are finished.

Healthcare Provider Signature: _____ **Date:** ____/____/____