Student Health Service **University of Iowa** **4189 Westlawn** **Iowa City, IA 52242**	**Name** _____ **Address** _____ _____ **University ID** _____

Tuberculosis (TB) Screening and Testing Questionnaire

	CIRCLE ANSWERS		
1. Have you ever had a positive TB skin test?	NO	YES; date:	
2. Have you ever had a positive TB IGRA blood test?	NO	YES; date:	
3. Have you ever had a BCG vaccination? If yes, when?_____	NO	YES	UNKNOWN
4. Have you ever been diagnosed with TB?	NO	YES; date:	
5. Have you ever been treated for either active or latent TB?	NO	YES; date:	
6. Have you ever had any changes on a prior chest X-ray consistent with past TB disease?	NO	YES; date:	
7. Have you traveled outside the U.S. in the last 2 years?	NO	YES; list where:	
8. Were you born or lived in a country that has a high rate of active tuberculosis disease? (see list provided) Please write the country name(s)	NO	YES (write down name of country of origin)	
9. Have you had close contact(s) (past and/or recent) with anyone known or suspected to have active TB?	NO	YES	
10. Do you have any chronic illnesses that increase the risk of progression to TB disease (for example: diabetes, asthma, ulcerative colitis, Crohn's disease, rheumatoid arthritis, lupus, leukemia, lymphoma, chronic renal failure)?	NO	YES	
11. Have you ever been diagnosed with or treated for cancer?	NO	YES	
12. Have you ever been diagnosed with AIDS, tested positive for HIV, used illegal injectable drugs, or shared needles with anyone?	NO	YES	
13. Do you take any medications that might suppress your immune system such as TNF-alpha blocker (Enbrel, Remicade) or steroids (prednisone >15 mg per day for > 1 month)?	NO	YES; list medication(s)	
14. Have you received any **live** vaccinations (Flumist , MMR, oral Typhoid, Varicella, Yellow fever,) in the past 4-6 weeks?	NO	YES	
15. Do you have allergies to latex, medications, food, or any vaccine?	NO	YES; please list:	
16. Have you ever become dizzy or fainted from having blood drawn?	NO	YES	
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17. Do you have any of the following symptoms that are sometimes symptoms of tuberculosis:		
○ Cough that has lasted for 3 weeks or longer?	NO	YES
○ Coughing up blood	NO	YES
○ Chest pain	NO	YES
○ Loss of appetite	NO	YES
○ Unexplained weight loss	NO	YES
○ Night sweats	NO	YES
○ Fever	NO	YES

Student Signature _____ Date_____

Telephone number: _____ Email address: _____

STAFF USE ONLY ☐ International student ☐ Health science student ☐ Employment requirement ☐ Status post international travel ☐ Other _____	Administering Staff Signature: Date:
☐ T-spot ☐ QFT-G ☐ TST placed on _____ @ _____ ☐ Manufacturer ☐ Lot number	

Place label here:

Legal Name_____

University ID #_____

Birth Date: Day_____/Month_____/Year_____

Address_____