

Northwest Missouri State University
University Wellness Center
800 University Drive
Maryville MO 64468
Phone 660-562-1348

Tuberculosis Screening for International Students

Name: _____ Date ____/____/____ 919 _____

Male Female Date of Birth ____/____/____ Country of Origin _____

Local Address _____ Phone _____

When did you arrive in the United States? _____

Personal email _____

1) Have you EVER received a BCG vaccine? Yes No Not Sure

2) Have you EVER been in contact with people who have active TB? Yes No Not Sure

3) Have you EVER taken medication for TB? Yes No Not Sure

4) Have you EVER had a POSITIVE TB test? Yes No

5) Are you on steroids, chemotherapy, or HIV positive? Yes No

6) In the past 6 weeks have you had any of these vaccines: MMR, polio, yellow fever, or varicella?
 Yes No

7) In the past 6 weeks have you been ill with measles, influenza, or mumps? Yes No

8) Do you currently have any of the following?

Productive cough Yes No

Bloody sputum Yes No

Weight loss Yes No

Night sweats Yes No

Unusual tiredness Yes No

Fever Yes No

9) Please list any medication allergies _____

10) Please list any current medications you are taking _____

Patient Signature _____ Date ____/____/____

Blood Test Date Drawn ____/____/____ By _____

Results of Interferon Gamma Release Assay (IGRA) _____

Notified Patient of Results

Documented in Electronic Medical Record System