



## Tuberculosis Screening

Answer the questions in Section 1.

If you answer Yes to any question 2-7 in Section 1, then complete Section 2.

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### Section 1:

Please answer the following questions.

1: Have you received BCG? (Immunization given to prevent Tuberculosis)

Yes  No  I don't know

\*Please note that even if you have received the BCG vaccination, this does not preclude you from completing this form or receiving a PPD test.

If Yes, when was BCG given? If exact date is unknown, was it as in infant, young child, or adult?

2: Do you have signs of active TB? (cough greater than 2 weeks, night sweats, fevers, weight loss)

Yes  No

3: Do you have a history of positive PPD?

Yes  No  I don't know

4: Were you born in a country with high TB rates such as Africa, Asia, Eastern Europe, Latin America, or Russia? (For a complete listing of applicable countries, please go [here](#).)

Yes  No

5: Have you spent 1 month or more as a resident or traveled through countries with high TB rates such as Africa, Asia, Eastern Europe, Latin America, or Russia? (for complete listing of countries please refer to the above)

Yes  No

6: Have you ever injected drugs or resided or worked in high risk settings such as prisons, nursing homes, AIDS facilities, health care facilities or homeless shelters?

Yes  No

7: Do you have a clinical condition such as HIV, diabetes, chronic renal failure, leukemia, lymphoma, significant unexplained weight loss, gastrectomy, jejunioileal bypass, silicosis, prolonged immunosuppressant therapy (e.g. prednisone 15mg/d for 1 month), head, neck or lung cancer, or other immunosuppressive disorders?

Yes  No

8: Have you ever spent time in close contact with a person diagnosed with active TB?

Yes  No

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