Tuberculosis (TB) Screening

Name:____________________________     Zid:_____________________

Please refer to the countries listed on page two (or the back) of this screening form.

Have you ever had close contact with persons known or suspected to have active TB disease?
YES ___ NO ___

Were you born in one of the countries or territories listed on page two( or the back) that have a high incidence of active TB disease?
YES ___ NO ___  If yes, please CIRCLE the country.)

Have you had frequent or prolonged visits* to one or more of the countries or territories listed on page two, with a high prevalence of TB disease? (If yes, CHECK the countries or territories)
YES ___ NO ___

Have you been a resident, volunteer, and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?
YES ___ NO ___

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?
YES ___ NO ___

Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol?
YES ___ NO ___

If the answer is YES to any of the above questions, Northern Illinois University requires that you receive TB testing as soon as possible. Contact Northwestern Medicine Student Health, 815-306-2777 to make an appointment. Please bring this form with you.

If the answer to all the above questions is NO, no further testing or further action is required.

*The significance of the travel exposure should be discussed with a health care provider and evaluated.