

## TUBERCULOSIS SELF-SCREENING FORM

*In compliance with the American College Health Association's guidelines, Calvin College will require TB testing only for those individuals who fall into high-risk groups.*

Name (print) \_\_\_\_\_ Student ID # \_\_\_\_\_

### Please answer ALL of the following questions.

#### 1. Do you have any of the following signs or symptoms of active tuberculosis disease?

Productive cough greater than three weeks duration? ..... Y N  
Any unexplained weight loss?..... Y N  
Experiencing any night sweats? ..... Y N  
Experiencing any unusual tiredness?..... Y N

#### 2. Are you in any of the following high-risk groups?

Your home is outside of North America or Western Europe..... Y N  
What is your home country? \_\_\_\_\_  
Traveled outside of North America or Western Europe  
in the last 5 years? ..... Y N  
Countries? \_\_\_\_\_  
Worked in a high-risk congregate setting? ..... Y N  
*(Please circle: prison, nursing home, hospital, AIDS treatment facility, or homeless shelter.)*  
Have you ever used/abused illicit drugs? ..... Y N  
Have any of the following clinical conditions?  
Diabetes ..... Y N  
Chronic renal failure..... Y N  
Leukemia or lymphomas ..... Y N  
Nutritional disorder ..... Y N  
*(eg. low body weight, gastrectomy, chronic malabsorption syndrome)*  
Immunosuppressive disorder ..... Y N  
*(HIV-positive, active AIDS, prolonged corticosteroid therapy)*  
Other (please describe) \_\_\_\_\_

#### 3. Have you ever had a positive TB skin test? Y N

If yes, what was the date? \_\_\_\_\_

Was it followed up with a chest x-ray? Y N

**Please attach a copy of x-ray report for TB test results 10mm and greater.**

### IF YOU ANSWER YES TO ANY OF THE ABOVE QUESTIONS:

- You must get a TB skin test. International Students are required to consult with the immunization nurse when arriving at Calvin. They will receive their TB test at that time.
- TB test information must be documented on your IMMUNIZATION HISTORY form.