

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 # _____ Date _____

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

(Circle: prison, nursing home, hospital, AIDS treatment facility, homeless shelter)

Have you ever used/abused illicit drugs? Y N

Have had close contact with a person known to have TB disease... Y N

Have any of the following clinical conditions?

Diabetes Y N

Chronic renal failure..... Y N

Leukemia or lymphomas or other malignancies Y N

Nutritional disorder Y N

(eg. low body weight, gastrectomy, chronic malabsorption syndrome)

Organ Transplantations Y N

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.**