Tuberculosis (TB) Screening Form/Part III

REQUIRED

Name: ______________________________ Social Security #________________________

Step 1 PPD
You are REQUIRED to have a tuberculin skin test, even if you've had a Bacille Calmette-Guerin (BCG) immunization.

Date PPD given: __________ (m/d/y) Date PPD read: ____________ (m/d/y)

Results: ________ MM of induration Interpretation: __Positive __ Negative

If your PPD test is "Positive" please complete step 2

Health Care Provider's signature: ________________________ Date: __________________

Step 2 PLEASE ANSWERS THESE QUESTIONS. If necessary, complete step 3 to fulfill requirements.

Do any of the following questions apply to you?
__ Yes __ No Have you spent more than one month in AFRICA, ASIA (including China and Korea), or LATIN AMERICA in the last 5 years?
__ Yes __ No Have you been exposed to someone with TB or someone who has tested positive for TB?
__ Yes __No Do you have a history of a positive PPD test?
__ Yes __ No Do you have a poorly functioning immune system (history of HIV infection, taking immune suppressing drugs, currently taking chemotherapy for cancer)?
__ Yes __No Have you had a gastric (stomach) bypassing operation or had part of your stomach removed?
__ Yes __No Are you underweight?
__ Yes __ No Have you worked in an institutional setting (hospital, nursing home, homeless shelter, correctional facility, etc..)?
__ Yes __ No Have you ever used injection drugs?
__ Yes __ No Do you have diabetes, chronic kidney failure, leukemia or lymphoma, or an intestinal malabsorption syndrome (celiac sprue, Whipple's disease, cystic fibrosis, etc..)?

Do you have any of the following symptoms?
__ Yes __ No Cough for over 3 weeks
__ Yes __ No Night Sweats
__ Yes __ No Decreased appetite
__ Yes __ No Unexplained weight loss
__ Yes __ No Unexplained fever (temperature over 38°C or 100.4°F)
__ Yes __ No Severe, unexplained fatigue

If you answered "Yes to any of these questions, Proceed to Step 3, otherwise, this requirement is completed when you sign below.

Student's Signature: __________________________ Date: ________________________

Step 3 Chest X-Ray
You must have a chest x-ray prior to arrival at Clarkson University and attach a copy of the report to this form.

Chest X-Ray date: __________ Chest X-Ray results: ____________________________

Health Care Provider signature: ____________________________ Date____________________