



Adult Tuberculosis (TB) Risk Assessment and Screening Form

This form is to be completed by all incoming students.

Student Name:

Date Completed:

STUDENT TO ANSWER QUESTIONS BELOW:

Have you ever had a positive TB test or had tuberculosis?

☐ YES ☐ NO

If YES, you will need to present a report to Union University Health Services about your status, including results or a chest x-ray, which has been performed in the past 6 months in the U.S.A.

TB Risk Factors

1. Have you had contact or lived with someone who has been sick with TB in the last 2 years?

☐ YES ☐ NO

2. Were you born in Africa, Asia, Central America, South America, Mexico, Eastern Europe, Caribbean, or the Middle East? If yes, what country? _____

☐ YES ☐ NO

3. Have you spent more than 30 days in one of the foreign countries above in the last five years? If yes, what country/countries? _____

☐ YES ☐ NO

4. Have you ever worked or lived in a correctional facility, long-term care facility, hospital, homeless shelter, or an alcohol and drug treatment center?

☐ YES ☐ NO

5. Have you ever been an intravenous drug user?

☐ YES ☐ NO

6. Are you on medications that suppress your immune system?

☐ YES ☐ NO

7. Do you have a disease which weakens your immune system?

☐ YES ☐ NO

8. Are you coughing up blood?

☐ YES ☐ NO

If one of the "YES" boxes were checked above, a TB skin test or PPD is required from the student.

**** Please note, some programs of study *REQUIRE* a TB Skin Test regardless of your answers. ****

If you need to get a TB Skin Test, Union University Health Services offers TB Skin Tests for \$20. Please call Health Services at 731-661-5284 or email clinic@uu.edu to schedule an appointment.