

**Student Health Center
Tuberculosis Screening Questionnaire**

History of a positive TB skin test or IGRA blood test? Yes No

History of BCG* vaccination? (If yes, consider IGRA if possible.) Yes No

**BCG vaccination most often applies to people who were vaccinated in foreign countries*

1. TB Symptom Check: Do you have signs or symptoms of active pulmonary tuberculosis disease? Yes No

If yes, check below:

- Cough (especially if lasting for 3 weeks or longer) with or without sputum production
- Coughing up blood (hemoptysis)
- Chest pain
- Loss of appetite
- Unexplained weight loss
- Night sweats

Student Name (Last, First) _____

Student ID # _____ Date of Birth _____

Signature _____ Date _____

SHC Clinical Staff Signature _____ Date _____