## TUBERCULOSIS SELF-SCREENING TOOL

Cornerstone University Health Services ♦ 100 East Beltline, NE, Grand Rapids, MI 49525 Phone 616.222.1441 ♦ Fax 616.222.1541

Cornerstone University will require TB skin testing ONLY for those individuals who fall into high-risk groups.

		ne (print) Date			
swer ALL of the following	auestions:				
Do you have any of the following signs or symptoms of active tuberculosis disease?  • Productive cough greater than three weeks' duration, unexplained weight loss, night			Yes	No	
2. Have you been a volunteer, resident, or healthcare worker in a high-risk congregate setting?				Yes	No
			Yes	No	
4. Do you have any of the following conditions: Immunosuppressive disorder, diabetes, chronic renal failure, cancer, nutritional problems, or organ transplant?				Yes	No
incidence of latent M. tuberculosis infection or active TB disease – medically underserved, low income, or abusing drugs and alcohol?				Yes	No
				Yes No	
Was it followed up with	a chest x-ray?	Yes No S test results 10 mm and	d greater.		
ere you born in one of the co				Yes	No
ed below with a prevalence	of TB disease in the	e past 5 years?		Yes	No
Ethiopia Fiji am French Polynesia Gabon Gambia Georgia Ghana Greenland	Guatemala Guinea(s) Guyana Haiti Honduras India Indonesia Iran Iraq Kazakhstan Kenya Kiribati Korea(s) Kuwait Kyrgyzstan Lao PDR Latvia Lesotho Liberia Libya Lithuania Madagascar	Malaysia Maldives Mali Marshall Islands Mauritania Mauritius Mexico Micronesia Mongolia Montenegro Morocco Mozambique Myanmar Nauru Nepal Nicaragua Niger Nigeria Niue Pakistan Palau Panama	Paraguay Peru Philippines Poland Portugal Qatar Rep of Moldova Romania Russia Rwanda Sao Tome Senegal Serbia Seychelles Sierra Leone Singapore Solomon Islands Somalia South Africa South Sudan Sri Lanka St. Vincent/Grenadine Sudan Suriname	Tajiki Thaila Timo Togo Trinic Tunis Turkr Tuva Ugan Ukrai Un. R Urug Uzbe Vanu Vene Vietn Yeme Zamb	stan and r-Leste lad/Tobago iia nenistan lu da ne ep of Tanzania lay kistan atu zuela am en
	you have any of the followin Productive cough great sweats, or unusual tired ve you been a volunteer, res Correctional facility, lor ve you ever had close conta you have any of the followin conic renal failure, cancer, nu ve you ever been a member idence of latent M. tuberculo vincome, or abusing drugs a ve you ever had a positive T If yes, what was the da Was it followed up with Please attach a copy of ere you born in one of the co ars? ve you traveled to or had fre ed below with a prevalence of ed below with a prevalence of If yes, please circle the that country.  Cen. African Rep. Chad China(s) Colombia Comoros Congo & DR Cote d'Ivoire Djibouti Dom. Republic Ecuador El Salvador Equatorial Guinea Eritrea Estonia Ethiopia Fiji French Polynesia Gabon Gambia Georgia Ghana	you have any of the following signs or sympton  Productive cough greater than three week sweats, or unusual tiredness  Ve you been a volunteer, resident, or healthcare  Correctional facility, long-term care facility ve you ever had close contact with anyone know you have any of the following conditions: Immuronic renal failure, cancer, nutritional problems, we you ever been a member of any of the followidence of latent M. tuberculosis infection or activation, or abusing drugs and alcohol?  Ve you ever had a positive TB skin test?  If yes, what was the date?  Was it followed up with a chest x-ray? Please attach a copy of x-ray report for TE ere you born in one of the countries listed belowed ars?  Ve you traveled to or had frequent or prolonged ed below with a prevalence of TB disease in the late of the country.  Cen. African Rep. Chad Guinea(s) China(s) Colombia Haiti Comoros Honduras Congo & DR India Cote d'Ivoire Djibouti Iran Dom. Republic Eritea Ecuador Equatorial Guinea El Salvador Equatorial Guinea Exitipati Eritrea Eritea Eritrea Eritrea Estonia El Salvador Equatorial Guinea El Salvador Equatorial Guinea El Salvador Equatorial Guinea El Salvador Equatorial Guinea Estonia E	you have any of the following signs or symptoms of active tuberculosis  Productive cough greater than three weeks' duration, unexplained sweats, or unusual tiredness  Ve you been a volunteer, resident, or healthcare worker in a high-risk of the country of the following conditions: Immunosuppressive disordered once and failure, cancer, nutritional problems, or organ transplant? Ve you ever been a member of any of the following groups that may have any of the following conditions: Immunosuppressive disordered once and failure, cancer, nutritional problems, or organ transplant? Ve you ever been a member of any of the following groups that may have didence of latent M. tuberculosis infection or active TB disease – medically income, or abusing drugs and alcohol?  Ve you ever had a positive TB skin test?  If yes, what was the date?  Was it followed up with a chest x-ray?  Veryou born in one of the countries listed below and arrived in the U.S. arrs?  Veryou traveled to or had frequent or prolonged visits* to one or more of the delow with a prevalence of TB disease in the past 5 years?  If yes, please circle the country/countries and indicate month/year that country.  Cen. African Rep.  Chad  China(s)  Colombia  Colombia  Colombia  Colombia  Colombia  Colombia  Colombia  Congo & DR  India  Condonesia  Dom. Republic  Iran  Micronesia  Dom. Republic  Iran  Monogolia  Ecuador  Equatorial Guinea  Kiribati  Morocco  Equatorial Guinea  Kiribati  Korea(s)  Myanmar  Myanmar  Morocco  Equatorial Guinea  Kiribati  Kivgyzstan  Nepal  Figi  Lao PDR  Nicaragua  Nigeria  Gambia  Liberia  Niue  Georgia  Libvia  Georgia  Libvia  Georgia  Libvia  Greenland  Madagascar  Panama	you have any of the following signs or symptoms of active tuberculosis disease?  Productive cough greater than three weeks' duration, unexplained weight loss, night sweats, or unusual tiredness  ve you been a volunteer, resident, or healthcare worker in a high-risk congregate setting?  Correctional facility, long-term care facility, or homeless shelter  ve you ever had close contact with anyone known to have active tuberculosis?  you have any of the following conditions: Immunosuppressive disorder, diabetes, onic renal failure, cancer, nutritional problems, or organ transplant?  ve you ever been a member of any of the following groups that may have an increased idence of latent M. tuberculosis infection or active TB disease – medically underserved, rincome, or abusing drugs and alcohol?  ve you ever had a positive TB skin test?  If yes, what was the date?  Was it followed up with a chest x-ray? Yes No Please attach a copy of x-ray report for TB test results 10 mm and greater.  Pere you born in one of the countries listed below and arrived in the U.S. within the past 5 ars?  If yes, please circle the country/countries and indicate month/year you last visited that country.   Cen. African Rep. Guatemala Malaysia Paraguay Chad Guines(s) Maldives Peru Chad Guines(s) Maldives Peru Chad Colombia Halti Marshall Islands Poland Colombia Russia Romania Dom. Republic Iraq Mongolia Russia Romania Dom. Republic Iraq Mongolia Russia Ecuador Kenya Moncoco Rep of Moldova Rep of	you have any of the following signs or symptoms of active tuberculosis disease?  Productive cough greater than three weeks' duration, unexplained weight loss, night sweats, or unusual tiredness  Ve you been a volunteer, resident, or healthcare worker in a high-risk congregate setting?  Correctional facility, long-term care facility, or homeless shelter  Ve you ever had close contact with anyone known to have active tuberculosis?  Yes you have any of the following conditions: Immunosuppressive disorder, diabetes, you have any of the following conditions: Immunosuppressive disorder, diabetes, you have any of the following groups that may have an increased idence of latent M. tuberculosis infection or active TB disease – medically underserved, you now ever been a member of any of the following groups that may have an increased idence of latent M. tuberculosis infection or active TB disease – medically underserved, you have a positive TB skin test?  If yes, what was the date?  Was it followed up with a chest x-ray? Yes No Please attach a copy of x-ray report for TB test results 10 mm and greater.  Please attach a copy of x-ray report for TB test results 10 mm and greater.  Please attach a copy of x-ray report for TB test results 10 mm and greater.  Please attach a copy of x-ray report for TB test results 10 mm and greater.  Please attach a copy of x-ray report for TB test results 10 mm and greater.  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If the answer is YES to any of the above questions, a TB skin test is needed prior to your arrival on campus.

- The test should be administered no sooner than 9 weeks after working in or traveling to a high-incidence area.
- Should you travel be less than 9 weeks ago, you may have your test done within the appropriate timeframe.

Signature of Student Date Signature of Parent/Guardian if student is under age 18

<sup>\*</sup>The significance of the travel exposure should be discussed with a healthcare provider and evaluated.