



TUBERCULOSIS QUESTIONNAIRE

Name _____ Date of Birth _____ Student Banner ID (U#) _____

SECTION ONE: Please answer the following questions.

1. Have you traveled to or lived in Africa, Asia (excluding Japan), Caribbean Nations, Central/South America, Eastern Europe, India, Middle East, Portugal, or The South Pacific (excluding Australia and New Zealand) for more than 4 weeks?
YES NO
If so, where?

2. Have you been a resident, employee, or volunteer in a prison, homeless shelter, hospital, nursing home, or other long-term treatment facility?
YES NO
3. Do you have AIDS/HIV or take immunosuppressive medication such as prednisone, chemotherapy, or biologics?
YES NO
4. Do you have a personal history of cancer, leukemia, kidney disease, diabetes, alcoholism, or intravenous drug use?
YES NO
5. Have you ever had close contact with persons known or suspected to have active TB disease?
YES NO

If the answer to all the above questions is NO, no TB testing or further action is required.

If the answer is YES to any of the questions above, SULC requires that you receive TB testing. The PPD skin test must be done within 12 months prior to beginning your classes. You can obtain the PPD skin test from your local health care provider. (See SECTION TWO below)

International Students Only: Tuberculosis skin testing is mandatory and must be done in the United States. If you have been treated and or vaccinated for TB, please bring your English translated medical records.

SECTION TWO: Test Results

Step 1: Tuberculin Skin Test – Positive if ≥ 10 mm for questions 1, 2, or 3 or ≥ 5 mm for questions 4 or 5.

Date Given: _____ Date Read: _____ Result: _____ mm of Induration Interpretation: Positive _____ Negative _____

Step 2: A QFT or T-SPOT is required if PPD is positive. A Chest X-Ray will not be accepted in its place.

(Please provide a copy of results.)

Date Given: _____ Circle Method Given: QFT T-SPOT Result: Positive _____ Negative _____

Step 3: Students with a positive QFT or T-Spot should receive a Chest X-Ray.

Date of X-ray: _____ Result: Normal _____ Abnormal _____

Step 4: Students with a positive QFT or T-SPOT with no signs of active disease on chest x-ray are recommended to be treated for Latent TB with appropriate medication

Name of Medications for treatment: _____ Date Initiated and Duration of treatment: _____ (please provide copy of completion of treatment).

_____ Student has been treated or agrees to receive treatment

_____ Student declines treatment at this time and agrees to come into the Student Health Center to sign the "Refusal of Treatment for Latent TB". Student also agrees to routine checkups to monitor progression of Latent TB.

Health Care Provider's Name, Address, Phone #: _____

Health Care Provider's Signature: _____ Date: _____

Southern University Law Center
Admission and Recruitment Department
P.O. Box 9294

Baton Rouge, Louisiana 70813

Phone: (225) 771-6297 / Fax: (225) 771-2372

IMPORTANT: Make a copy of this form for your personal records.

NOTE: You will not be permitted to register until all immunization records are in compliance.