



Student Health Center
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<http://www.slu.edu/student-health-center>

TUBERCULOSIS SCREENING QUESTIONNAIRE

STUDENT NAME

BANNER ID

DATE OF BIRTH

Please answer the following questions:

- | | | |
|-----|----|---|
| Yes | No | Have you lived or traveled for >2 months in Asia, Africa, Central or South America or Eastern Europe? |
| Yes | No | Were you born on one of these continents? |
| Yes | No | Have you ever been vaccinated with BCG? |
| Yes | No | Have you ever had a positive TB skin test or history of active tuberculosis infection? |
| Yes | No | Has anyone living in your household ever had a history of active tuberculosis? |
| Yes | No | Have you worked or volunteered in a nursing home, hospital, homeless shelter, prison or other health care facility? |

If the answer is
