



Student Health Center
Marchetti Towers East
3518 Laclede Avenue
St. Louis, MO 63103
P: 314-97-2323
F: 314-97-7165
shc@slu.edu

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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 the 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? |

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prior to the first day of class is required.

NOTE: Testing is required
