

Calvary University

Tuberculosis (TB) Health Assessment

Name of Student: _____ DOB: ____ / ____ / ____ month/day/year

Student ID# _____

HISTORY

1. Did the student ever receive BCG vaccination? yes ☐ no ☐
2. Does the student have any of the following risk factors? yes ☐ no ☐
 - a) Recent close contact with someone with known active infectious TB disease. yes ☐ no ☐
 - b) Immunosuppressed (HIV/AIDS), organ transplant, or on immunosuppressant medication. yes ☐ no ☐
 - c) History of abnormal chest x-ray suggestive of TB disease. yes ☐ no ☐
 - d) Resided in or travel to a high risk area: Africa, Asia, Eastern Europe, or Central or South America (Please circle as applicable). yes ☐ no ☐
 - e) Other high risk conditions
 - IV drug use. yes ☐ no ☐
 - chronic kidney disease. yes ☐ no ☐
 - cancer. yes ☐ no ☐
 - diabetes. yes ☐ no ☐
 - malabsorption. yes ☐ no ☐
 - GI bypass surgery. yes ☐ no ☐
3. Does the student have signs or symptoms of active tuberculosis disease? yes ☐ no ☐
(A cough for more than 3 weeks; chest pain; unexplained weight loss; fevers; night sweats)
4. Has the student ever had a positive tuberculin skin test? yes ☐ no ☐
5. Has the student ever been treated for latent tuberculosis? yes ☐ no ☐

If student answers yes to any of the above questions, they are required to be seen by a public health agency or an appropriate medical health professional to rule out latent tuberculosis infection or the possibility of developing the tuberculosis disease.

Any student of an institution of higher education in Missouri who does not comply with the targeted testing program shall not be permitted to maintain enrollment in the subsequent semester at such institution. (Sections 199.170 to 199.290)