

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)