



## Tuberculosis (TB) Screening Questionnaire

*Notre Dame of Maryland University – Student Health Services*

### Student Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student ID: \_\_\_\_\_

Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_

### Part I – TB Risk Screening

(Please check Yes or No for each question)

Have you ever had close contact with someone who was sick with active TB disease?

☐ Yes ☐ No

Were you born in, or have you traveled for more than one month to, any country where TB is common (e.g., Africa, Asia, Eastern Europe, Latin America, or the Middle East)?

☐ Yes ☐ No

Have you ever lived, worked, or volunteered in settings where TB is more likely to spread (e.g., hospitals, long-term care facilities, prisons, shelters)?

☐ Yes ☐ No

Do you have a weakened immune system (e.g., HIV infection, organ transplant, taking immunosuppressive medications such as prednisone, TNF-alpha inhibitors, chemotherapy)?

☐ Yes ☐ No

Have you ever had a positive TB skin test (TST) or TB blood test (IGRA)?

☐ Yes ☐ No

Have you ever been treated for latent or active TB disease?

☐ Yes ☐ No

**Part II – Symptoms (if present, seek medical evaluation before school entry)**

Do you currently have any of the following?

Persistent cough (>2 weeks)

Coughing up blood

Unexplained weight loss

Night sweats

Fever

☐ Yes   ☐ No

**Student Certification**

I certify that the above information is true and complete to the best of my knowledge.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_