



STUDENT INFORMATION FORM – Fall 2009- Spring 2010

Name (Last) (First) NOTE: NAME AND ID # ALSO REQUIRED ON SIDE OF FORM \*
Address Street City State Zip
Date of Birth Student's phone Student's Email
Male Female Freshman Sophomore Junior Senior Graduate Law On-Campus Off-Campus

Last, first name

Part I: TO BE COMPLETED BY HEALTHCARE PROVIDER ONLY

REQUIRED TUBERCULOSIS SCREENING

- 1. Have you ever had a positive TB skin test? Yes No
Have you ever had close contact with anyone who was sick with Tuberculosis? Yes No
Were you born or have you had significant travel in any of the countries listed on the back of this form? Yes No
Have you ever been vaccinated with BCG? Yes No

If you answered no to all of these questions, you may skip to Question #2 under the required immunizations.

If you answered yes to any of these questions, you are required to have further testing.

History of a positive TB skin test, requires a chest x-ray within the past 2 years.

result: normal abnormal Date obtained

No prior history of a positive skin test requires a tuberculin skin test OR Quantiferon blood test performed within the last 12 months

PPD: Date Given: Date Read: Result: (mm of induration) Interpretation: negative positive\*\*

Quantiferon: Date performed: Results: negative positive\*\*

\*\* If either current PPD or Quantiferon test is positive a Chest x-ray is required: result: normal abnormal Date obtained

\*\*If either current PPD or Quantiferon are positive, has the patient chosen to start INH therapy? Yes No Start Date

REQUIRED IMMUNIZATIONS

2. TETANUS-DIPHThERIA-PERTUSSIS: Primary series AND booster within the last ten years

Date booster given: Type: Tdap Td

3. M.M.R.: 1st Dose: 2nd Dose: OR positive titer:

4. VARICELLA (Chicken Pox): Year of disease: OR 1st Dose: 2nd Dose: OR a positive titer:

5. HEPATITIS B: 1st Dose: 2nd Dose: 3rd Dose: OR a positive titer:

OPTIONAL VACCINATIONS RECEIVED:

6. HEPATITIS A: 1st Dose: 2nd Dose:

7. MENINGOCOCCAL: Date Given: type: Menomune Menactra

8. HPV (for women only): 1st Dose: 2nd Dose: 3rd Dose:

Name of Provider Date

Signature of Provider License Number

USD ID #

\*missing information will delay processing

**(Back Side of Form – Tuberculosis Screening Questions)**

CIRCLE the country you were born in and place CHECKMARKS beside the countries with significant travel.

*\*\* Travel exposure should be discussed with a health care provider and its significance should be determined by the provider.*

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Afghanistan	Congo DR	Kenya	New Caledonia	Sri Lanka
Algeria	Cote d'Ivoire	Kiribati	Nicaragua	Sudan
Angola	Croatia	Korea-DPR	Niger	Suriname
Anguilla	Djibouti	Korea-Republic	Nigeria	Syrian Arab Republic
Argentina	Dominican Republic	Kuwait	Niue	Swaziland
Armenia	Ecuador	Kyrgyzstan	N. Mariana Islands	Tajikistan
Azerbaijan	Egypt	Lao PDR	Pakistan	Tanzania-UR
Bahamas	El Salvador	Latvia	Palau	Thailand
Bahrain	Equatorial Guinea	Lesotho	Panama	Timor-Leste
Bangladesh	Eritrea	Liberia	Papua New Guinea	Togo
Belarus	Estonia	Lithuania	Paraguay	Tokelau
Belize	Ethiopia	Macedonia-TFYR	Peru	Tonga
Benin	Fiji	Madagascar	Philippines	Tunisia
Bhutan	French Polynesia	Malawi	Poland	Turkey
Bolivia	Gabon	Malaysia	Portugal	Turkmenistan
Bosnia & Herzegovina	Gambia	Maldives	Qatar	Tuvalu
Botswana	Georgia	Mali	Romania	Uganda
Brazil	Ghana	Marshall Islands	Russian Federation	Ukraine
Brunei Darussalam	Guam	Mauritania	Rwanda	Uruguay
Bulgaria	Guatemala	Mauritius	St. Vincent & The Grenadines	Uzbekistan
Burkina Faso	Guinea	Mexico	Sao Tome & Principe	Vanuatu
Burundi	Guinea-Bissau	Micronesia	Saudi Arabia	Venezuela
Cambodia	Guyana	Moldova-Rep.	Senegal	Viet Nam
Cameroon	Haiti	Mongolia	Seychelles	Wallis & Futuna Islands
Cape Verde	Honduras	Montenegro	Sierra Leone	W. Bank & Gaza Strip
Central African Rep.	India	Morocco	Singapore	Yemen
Chad	Indonesia	Mozambique	Solomon Islands	Zambia
China	Iran	Myanmar	Somalia	Zimbabwe
Colombia	Iraq	Namibia	South Africa	
Comoros	Japan	Nauru	Spain	
Congo	Kazakhstan	Nepal		
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Source: World Health Organization Global Tuberculosis Control, WHO Report 2006, Countries with Tuberculosis incidence rates of > 20 cases per 100,000 population. For future updates, refer to [www.who.int/globalatlas/dataQuery/default.asp](http://www.who.int/globalatlas/dataQuery/default.asp)

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