

TUBERCULOSIS SELF-SCREENING TOOL

Hope College Health Services
168 E. 13th Street
Holland, MI 49422
(616) 395-7585

Hope College will require TB skin testing **ONLY** for those individuals who fall into high-risk groups.

Name (print) _____ Date _____

Please answer **ALL** of the following questions:

1. Do you have any of the following signs or symptoms of active tuberculosis disease?

- | | | |
|---|---|---|
| • Productive cough greater than three weeks duration? | Y | N |
| • Any unexplained weight loss? | Y | N |
| • Experiencing any night sweats? | Y | N |

2. Are you in any of the following high-risk groups?

- | | | |
|----------------------------------|---|---|
| • Your home is outside of USA? | Y | N |
| What is your home country? _____ | | |

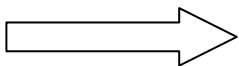
- | | | |
|---|---|---|
| • Within the past 5 years traveled to any country in the following areas: | Y | N |
| • Asia | | |
| • Africa | | |
| • Mexico or Latin America | | |
| • Caribbean | | |
| • Middle East | | |
| • Eastern Europe and former Soviet Union | | |
| List country traveled to _____ | | |

- | | | |
|---|---|---|
| • Worked in a high-risk congregate setting? | Y | N |
| (Examples: prison, nursing home, hospital, AIDS treatment facility, homeless shelter) | | |
| • Have you used/abused injected drugs? | Y | N |
| • Lived with or spent time with anyone who had tuberculosis? | Y | N |
| • Been diagnosed with an Immunosuppressive disorder? | Y | N |
| (Examples: HIV positive, active AIDS, prolonged steroid therapy, cancer) | | |

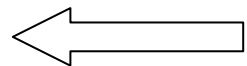
3. Have you ever had a positive TB skin test?	Y	N
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(defined as a raised red area at the injection site lasting 2 or more days)

- | | | |
|--|---|---|
| • If yes, what was the date? _____ | | |
| • Was it followed up with a chest x-ray? | Y | N |
| • Please attach a <u>copy</u> of the x-ray report for TB test results 10 mm and greater. | | |



IF YOU ANSWER YES TO ANY OF THE ABOVE QUESTIONS:



You must get a TB skin test done **prior to your arrival** on campus.
TB test information must be documented on your IMMUNIZATION HISTORY form.