

Student Health Center Marchetti Towers East 3518 Laclede Avenue St. Louis, MO 63103 P: 314-977-2323 F: 314-977-7165 shc@slu.edu http://www.slu.edu/student-health-center

TUBERCULOSIS SCREENING QUESTIONNAIRE

	STUDENT NAME		NNER ID	DATE OF BIRTH	
Please answer the following questions:					
Yes	No	Have you lived or traveled for >2 months in Asia, Africa, Central or South America or Eastern Europe?			
Yes	No	Were you born on one of these continents?			
Yes	No	Have you ever been vaccinated with BCG?			
Yes	No	Have you ever had a positive TB skin te	st or history of active	suberculosis infection?	
Yes	No	Has anyone living in your household eve	er had a history of acti	ve tuberculosis?	
Yes					

If the answer is