



Student Health Center
Marchetti Towers East
3518 Laclede Avenue
St. Louis, MO 63103
P: 314-97-2323
F: 314-97-7165
shc@slu.edu

K W W S V H Z X O O H B W O M D W K G L Q G H []

TUBERCULOSIS SCREENING QUESTIONNAIRE

STUDENT NAME

BANNER 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 the continents?
- Yes No Have you ever been vaccinated with BCG?
- Yes No Have you ever had a positive TB skin test or history of active tuberculosis infection?
- Yes No Has anyone living in your household ever had a history of active tuberculosis?
- Yes No Have you worked or volunteered in a nursing home, hospital, homeless shelter, prison or other health care facility?

ss6fre(s)g000ra47sp2 831[(s7s)s7sssngdi47 o(s7s)8Tc s ss s7ss7s ss7s ss s7s s suanti

prior to the first day of class is
d.

NOTE: Testing is recludes
