REQUIRED FOR ALL CHICAGO CAMPUS
TUBERCULOSIS SCREENING

PART 3 – To be Completed by the Student

Last Name	First Name	Middle	Student ID	Date of Birth (mm/dd/yyy)

	If you answer YES to any of the questions, please describe	Answer	Explanation
1	Have you ever been told that you have an immune disorder or illness? If yes, then complete Option # 2 below.	☐ Yes ☐ No	
2	Have you received a live vaccine in the past 4 weeks? (i.e. measles, mumps, rubella, chickenpox, or shingles). If yes, then wait 28 days before skin test.	☐ Yes ☐ No	
3	Will you be traveling outside the United States before coming to campus? **(If YES, please wait until after your return to the US to complete the test. Test can be completed on campus if needed.)**	☐ Yes ☐ No	
4	Have you ever had a positive TB Skin Test? **If yes, then Option #2 below**.	☐ Yes ☐ No	
5	Have you ever been told by a healthcare provider that you had active TB?	☐ Yes ☐ No	
6	Have you ever taken medications for TB? Which Medications? When?	☐ Yes ☐ No	If yes, provide documentation
7	Have you ever had a BCG Vaccine for TB? Do you have a scar on your arm? (BCG does not exempt you from this requirement). **If Yes, complete Option 2 below**.	☐ Yes ☐ No	**International students must complete screening in the USA or at Health Service**
8	Were you born outside the United States? (If yes, Where?)	☐ Yes ☐ No	
9	Are you an International Student? (If yes, please list your home country).	☐ Yes ☐ No	

****International students may submit all health forms except Part 4 which will be done on campus****

TB Screening (either TB Skin Test or IGRA blood test) is REQUIRED for ALL Students

PART 4 – To be Completed by a Health care Provider* REQUIRED

Screening may include placement of Mantoux Skin Test or IGRA Blood Test.
If you are unsure how to proceed please refer the student to MBI Health Service for their Required TB Screening.

Option #1 Mantoux Skin Test (no history of BCG)

PLACEMENT

An Intradermal TB skin test (Mantoux Method) was placed on
☐ Left Forearm ☐ Right Forearm

Date mm/dd/yy	Time

READING

Measured result in millimeters of induration. ***If NO INDURATION state "none" or "0 mm"**	**RESULT**
Date mm/dd/yy	Time

Option #2 IGRA Blood Test (history of BCG)

Required for patients with history of BCG Vaccine

Type of IGRA Labs Drawn (Specify)

Date mm/dd/yy

RESULT	**Please Attach All Documentation** Including lab and chest x-ray reports if completed
☐ Positive ☐ Negative	

Health Care Provider Name	Title	Address		
Signature		Date (mm/dd/yy)	Phone ( )	Fax ( )

*A "Health Care Provider" is defined as an M.D., D.O. or R.N, who is not a family member. It may also be an L.P.N or Medical Assistant who has had specific training in administering and reading Mantoux TB skin tests and Vaccines and who is directly supervised by an M.D. or R.N.