



Complete sections A and B. If you answer yes to any questions, please have your health care provider complete section C.

Last Name :

First Name :

Harvard ID# :

Country of Birth :

Year Arrived in US : \_\_\_\_\_

**SECTION A: History of Tuberculosis(TB)?**

- |  |     |    |
|--|-----|----|
| 1. Have you ever been sick with tuberculosis?                        | YES | NO |
| 2. Have you ever had a positive PPD, TB Quantiferon test, or T-SPOT? | YES | NO |

**SECTION B: At Risk for Tuberculosis (TB)?**

- |   |     |    |
|---|-----|----|
| 1. Are you currently in a health-related academic program/major?  | YES | NO |
| 2. Were you born in, or have you lived, worked, or visited for more than one month in any of the following:<br>Asia, Africa, South America, Central America, or Eastern Europe? | YES | NO |
| a. If yes, what country? _____ How long? _____  |     |    |
| b. Reason? Born There              Tourist Work School Other  |     |    |
| 1. Have you had HIV infection, AIDS, diabetes, leukemia, lymphoma, or a chronic immune disorder?  | YES | NO |
| 2. Do any of the following conditions or situations apply to you?   |     |    |
| a. Persistent cough (3 weeks or more), fever, night sweats, fatigue, loss of appetite, or weight loss?  | YES | NO |
| b. Lived with or been in close contact with a person known or suspected of being sick with TB?  | YES | NO |
| c. Lived, worked, or volunteered in any homeless shelter, prison/jail, hospital or drug rehabilitation unit,<br>nursing home, or residential healthcare facility?               | YES | NO |

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

If you answered no to all of the above questions, skip Section C; you are done. If you answered yes to any of the above questions, your healthcare provider must complete Section C below.

**SECTION C: ATTENTION HEALTH CARE PROVIDER:** If the patient answered YES to any of the above questions, proof of a PPD, QuantiFERON –TB Gold, or T-SPOT is REQUIRED. If PPD results are 10mm or more, or QuantiFERON-TB Gold or T-SPOT are positive, a chest x-ray is REQUIRED. Testing and/or chest x-rays must be done within one calendar year prior to admittance (unless history of positive PPD). If the student has a history of positive PPD, a chest x-ray is required. History of BCG vaccination does not prevent testing of a member of a high-risk group.

PPD: Date placed \_\_\_\_\_ Date read \_\_\_\_\_ # of mm induration \_\_\_\_\_

QuantiFERON-TB Gold or T-SPOT: Result date \_\_\_\_\_ Result (attach lab report) \_\_\_\_\_

Date of chest x-ray \_\_\_\_\_ Result \_\_\_\_\_

If negative CXR and positive PPD, did the student complete a course of INH?	YES	NO
• If yes, when (months & year) _____ and for how many months did the student take INH? (# of months) _____		

**PROVIDER INFORMATION REQUIRED**

\_\_\_\_\_  
**PHYSICAL SIGNATURE & STAMP OF HEALTHCARE  
PROVIDER REQUIRED**

\_\_\_\_\_  
**Phone number of practice**

\_\_\_\_\_  
**Date**