

**Student Health Services**  
MTSU PO Box 237  
Murfreesboro, Tennessee 37132  
Phone: (615) 898-2988  
Fax: (615) 898-5004  
MTHealth@mtsu.edu



**Middle Tennessee State University**

**Student Name:** \_\_\_\_\_

**Tuberculosis Screening**

**M# (MTSU internal use)** \_\_\_\_\_

**Part I Tuberculosis (TB) Screening Questionnaire** (Student please circle YES or NO)

Have you ever had close contact with anyone known or suspected to have active TB disease? YES NO

Were you born or have you lived in one of the regions listed below that have a higher incidence of TB? YES NO

Africa, Asia, Latin America (including Mexico), Eastern Europe (including Russia), Portugal, Middle East

**Country of Origin:** \_\_\_\_\_ **Current Resident Country (if different):** \_\_\_\_\_

Have you had frequent or prolonged visits to one or more of the regions listed above? YES NO

Have you been a resident and/or employee of high-risk congregate settings?  
(e.g. correctional facilities, long-term care facilities, and homeless shelters) YES NO

Have you been a volunteer or health-care worker who served clients at an increased risk for active TB disease? YES NO

Have you ever been a member of any of the following groups that may have an increased incidence of tuberculosis infection – medically underserved, low-income, or use illicit drugs or excessive alcohol? YES NO

**If the answer to ALL of the above questions is NO, no further action is required. Please sign below.**

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

\_\_\_\_\_  
Date

**If the answer is YES to any of the above questions, MTSU requires Interferon Gamma Assay (IGRA) Tb testing (Quantiferon (QFT-GIT) or T-Spot). Testing anytime within 6 months of matriculation is acceptable. If not available at student's current location, testing may be completed at MTSU within 30 days after matriculation. Tb skin testing is not accepted as a substitute for IGRA testing. Please complete page 2 of this form.**

**PART II Clinical Assessment by Health Care Provider**

Clinicians should review and verify the information in Part I. Persons answering YES to any of the questions require IGRA testing, unless a previous positive test has been documented. (Please circle)

Is there history of a previous POSITIVE IGRA test? (If yes, please attach.) YES NO

Is there history of a positive tuberculin skin test? YES NO

Is there a past history of ACTIVE tuberculosis infection for this student? YES NO

Is there a history of LATENT tuberculosis treated with medication? YES NO

**Student Health Services**  
MTSU PO Box 237  
Murfreesboro, Tennessee 37132  
Phone: (615) 898-2988  
Fax: (615) 898-5004  
MTHealth@mtsu.edu



**Student Name:** \_\_\_\_\_ M# (MTSU internal use) \_\_\_\_\_

**1. Tuberculosis Symptom Evaluation**

Does the student currently have signs or symptoms of active pulmonary tuberculosis disease? YES NO

**If NO, PROCEED TO 2. IGRA TESTING BELOW**

**If YES, check below:**

- \_\_\_ Cough (especially if lasting for 3 weeks or longer) with or without sputum production
- \_\_\_ Hemoptysis (Coughing up blood)
- \_\_\_ Chest pain
- \_\_\_ Loss of appetite
- \_\_\_ Unexplained weight loss
- \_\_\_ Night Sweats
- \_\_\_ Fever

Proceed with additional evaluation to exclude active tuberculosis disease including immediate testing, chest x-ray and sputum evaluation as indicated.

**2. Interferon Gamma Release Assay IGRA (Quantiferon (QFT-GIT) or T-Spot) Check either A or B**

below:

- \_\_\_ A. Unable to test prior to matriculation, will test at MTSU within 30 days
- \_\_\_ B. Test performed (within 6 months of start date for MTSU) Date Obtained: \_\_\_\_\_

Method: Quantiferon T-Spot (please circle which test performed)

Result: Negative \_\_\_ Positive \_\_\_ Indeterminate \_\_\_ Borderline (T-Spot only)

- PLEASE ATTACH A COPY OF THE IGRA LAB RESULT (IF PERFORMED).
- IF TESTING IS PERFORMED AND RESULT IS POSITIVE, YOU WILL NEED TO UNDERGO A CHEST X-RAY WITHIN 30 DAYS OF MATRICULATION AT MTSU STUDENT HEALTH.
- FOR INDETERMINATE OR BORDERLINE IGRA RESULT, YOU WILL NEED TO REPEAT THE IGRA TESTING WITHIN 30 DAYS OF MATRICULATION AT MTSU STUDENT HEALTH.

\_\_\_\_\_  
Health Care Professional Signature

\_\_\_\_\_  
Date

**Office Stamp:** (if available)