Tuberculosis Screening Questionnaire for Students

Student Information

Full Name

Date of Birth

Student ID

Symptom Review (past month)

Persistent cough (2+ weeks)

- Yes
- No

Fever

- Yes
- No

Night sweats

- Yes
- No

Unexplained weight loss

- Yes
- No

Coughing up blood

- Yes
- No

Risk Factors

Have you ever lived with or been in close contact with someone with active TB?

- Yes
- No

Have you ever had a positive TB skin test or blood test?

- Yes
- No

Country of birth

Has it been less than 5 years since arrival to this country?

- Yes
- No

Past Medical History

Have you previously been diagnosed or treated for TB?

- Yes
- No

Are you currently taking any immunosuppressive medications?

- Yes
- No

Other relevant medical history

Additional Comments