



Tuberculosis History

This form must be completed and submitted to Medical Services before registering for classes.

I. Your Information:

Full Name: \_\_\_\_\_ Todays Date: \_\_\_\_\_
Date of Birth in MM/DD/YYYY Format: \_\_\_\_\_ MSU ID Number: \_\_\_\_\_

II. Answer the following questions (A – I) by circling your response

- A. Have you ever lived in any of the following countries (listed below) for 6 months or more? YES NO
B. Have you ever used intravenous drugs recreationally? YES NO
C. Have you ever had a history of alcoholism? YES NO
D. Do you have cancer, leukemia, kidney disease, diabetes, or AIDS/HIV? YES NO
E. Do you take immunosuppressive medications, such as the medication prednisone? YES NO
F. Have you ever been in close contact with someone with tuberculosis? YES NO
G. Have you ever worked, resided, or volunteered in a hospital or nursing home? YES NO
H. Have you ever worked, resided, or volunteered in a prison or homeless shelter? YES NO
I. Have you ever worked, resided, or volunteered in a long-term treatment facility? YES NO

III. If you answered "YES" to any of the questions in Section II, complete the following chart and requirements with your medical provider. If you answered "NO" to all the questions in Section II, skip to Section IV.

Because you have answered "YES" to one or more of the questions in Section II, you are required to have a Tuberculosis skin test (also called a PPD test) before you register for classes at MSU Bozeman. Your PPD must be completed within the 12 month period before your class start date.

Table with 2 columns: PPD information and Medical Provider/Professional information. Rows include Date PPD Applied, Date PPD Read, Size of Induration in mm, Medical Provider/Professional's Name (printed), Signature of Medical Provider/Professional, and Office Stamp.

IV. Send your completed form to Medical Services by one of the following methods:

- Option 1 (preferred): clearly scan your completed form and email it to immune@montana.edu
Option 2: fax your completed form to 406-994-2504
Option 3: drop off your completed form at the Medical Services front desk – 950 West Grant St, second floor
Option 4: mail your completed form to:

Montana State University - Medical Services
P.O. Box 173260
Bozeman, MT 59717-3260