TB Screening Questionnaire

To be completed and signed by the student’s medical provider. Required for all domestic students.

Please answer the following questions:

1. Have you ever had a positive TB skin test?  
   - YES  
   - NO  
   - KNOW

2. Have you ever had close contact with anyone who was sick with TB?  
   - YES  
   - NO  
   - KNOW

3. Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years?  
   - YES  
   - NO  
   - KNOW

4. Have you ever traveled* to/in one or more of the countries listed below: If yes, please CIRCLE the country(ies).  
   - YES  
   - NO  
   - KNOW

5. Have you ever been vaccinated with BCG?  
   - YES  
   - NO  
   - KNOW

* The significance of the travel exposure should be discussed with a health care provider and evaluated.


If the answer is YES to any of the above questions, The University of Tampa requires that a health care provider completes a tuberculosis screening with either a TB skin test by PPD Mantoux or blood test/Lab (QFT or Tspot only). This needs to be completed within six months prior to the start of classes.

If the answer to all of the above questions is NO, no further testing or further action is required. Please have the form signed by your medical provider and submit it to the health center.

Signature of HealthCare Provider  
Printed Name/Title of Health Care Provider  
Date:  
Month/Day/Year

Official Office Stamp Here

401 W. Kennedy Blvd. | Box 116F | Tampa, FL 33606-1490 | (813) 253-6250 | Fax: (813) 258-7413 | healthcenter@ut.edu

Rev. 10/2018