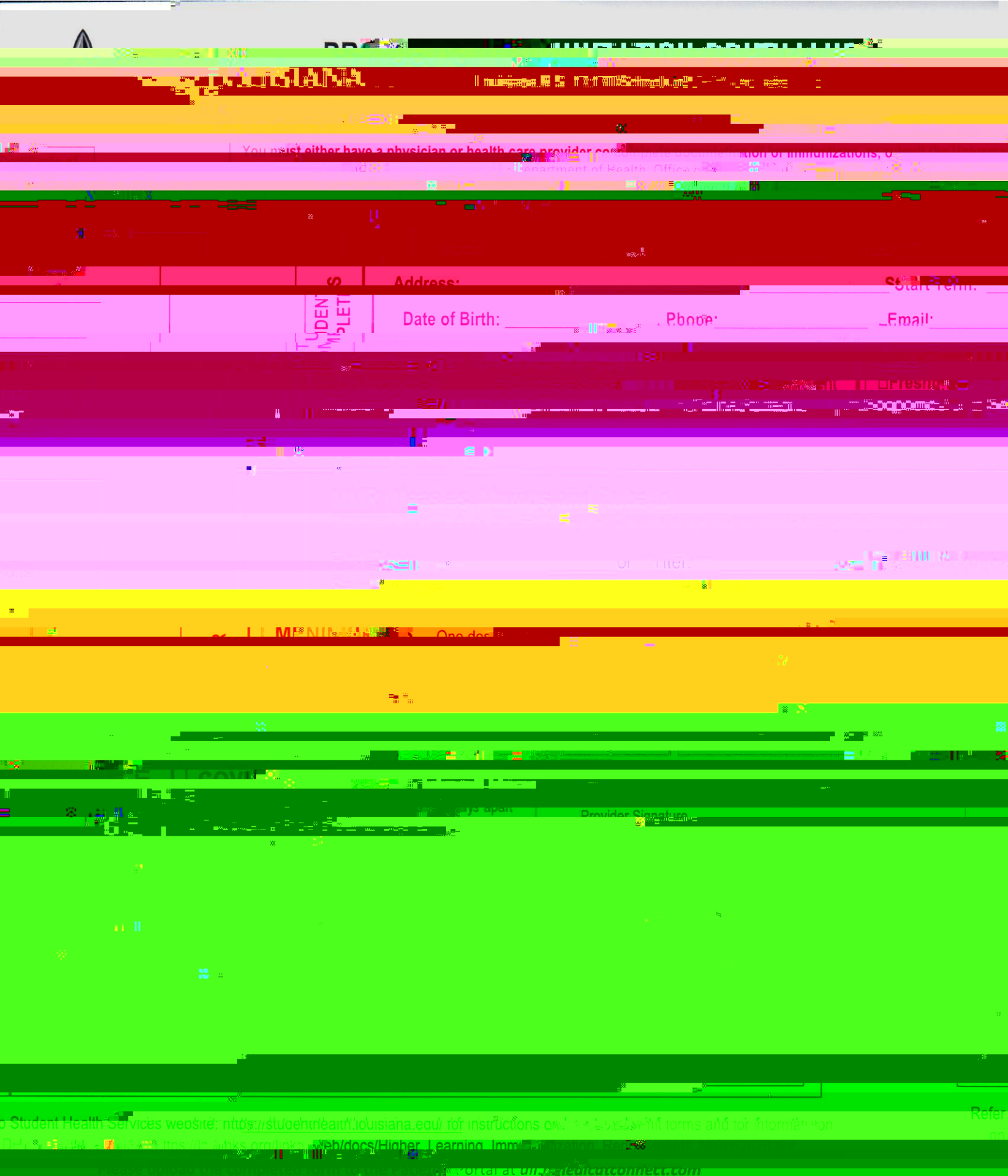

PLEASE READ ENTIRE FORM CAREFULLY!

TUBERCULOSIS SCREENING QUESTIONNAIRE

(To be completed by ALL Students BEFORE registration at UL Lafayette)

*Please answer **YES** or **NO** to the following questions:*

1. Have you ever had close contact with persons known or suspected to have active tuberculosis?

Tuberculosis R

[illegible] of active tuberculosis disease? Yes or No

If Yes, proceed with [illegible] evaluation to exclude active TB and/or seek appropriate treatment.

If No, [illegible] 2 or 3 listed below.

[illegible] kin Test (TST) – TST recorded as actual millimeters of induration. Recommended interpretation below. Base results on risk factors.

Date given: ___/___/_____ LFA / RFA Health Care Provider signature:

Date read: [illegible]

[illegible] equivalent of >15 mg/d of prednisone for >1 month.)

- HIV-infected persons

>10 mm is positive:

- Recent arrivals to the U.S. (< 5 years) from high prevalence [illegible] years) from high prevalence [illegible]

[illegible]

3. Inte

feron Gamma Release Assa[illegible]

[illegible]

Results: Positive or Negative

*Must provide copy of lab result, verified lab result or official letter [illegible] assessed document.

IF TST AND IGRA TEST COME BACK POS[illegible]

[illegible]