

Missouri Western State University  
**TUBERCULOSIS RISK ASSESSMENT**

This policy requires students living in residence halls, who meet any of the criteria below, to provide evidence of having been tested in the U.S. for tuberculosis within six months prior to coming to Missouri Western State University.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ G-number \_\_\_\_\_

**Please check all that apply:**

- \_\_\_\_\_ Student currently holding a visa from U.S. Immigration
- \_\_\_\_\_ Student with a health or medical condition that suppresses the immune system
- \_\_\_\_\_ Student who has been a health care worker, volunteer or employee of a nursing home, prison or other residential institution
- \_\_\_\_\_ Student with known exposure to someone with active tuberculosis disease
- \_\_\_\_\_ Student who has had a previous positive TB skin test (Chest x-ray required)
- \_\_\_\_\_ Student who has lived or traveled outside the U.S for greater than 2 months within the past 5 years
- \_\_\_\_\_ None of the above apply (Tuberculosis screen not required...**forward this assessment with your other records**)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian if under age 18)

**If you checked any but the last category above, MWSU requires Tuberculosis screening within 6 months prior to campus arrival.** A history of BCG vaccination does not preclude testing.

**To be filled out by health care provider:**

**A. Tuberculin Skin Test:**

Date placed \_\_\_\_/\_\_\_\_/\_\_\_\_ Date read \_\_\_\_/\_\_\_\_/\_\_\_\_ (must be within 48-72 hours)  
Result: \_\_\_\_\_ mm (Record actual mm of induration, transverse diameter. If no induration, record as "0" mm.)  
Interpretation: (based on mm of induration)  NEGATIVE  POSITIVE

**B. Chest X-Ray:** (Required if PPD skin test is positive or student has a history of previous positive tuberculin skin test.)

Date of chest x-ray \_\_\_\_/\_\_\_\_/\_\_\_\_ Results:  NORMAL  ABNORMAL \*\*\*\* Include copy of the chest x-ray report in English and signed by a physician.

Treatment:

- Type of treatment: \_\_\_\_\_
- Length of treatment (dates) \_\_\_\_\_ OR \_\_\_\_\_ Treatment denied
- Each year an annual statement for tuberculin reactors must be completed and submitted within 6 months prior to campus arrival
- \_\_\_\_\_ Student cleared to attend university and residential living.

**Verification of the above Tuberculosis Screening by Healthcare Provider (This line MUST be signed.)**

Verified by \_\_\_\_\_ ( ) \_\_\_\_\_  
Print Name/Title Address Phone

Provider Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_