Student Health Services
MTSU PO Box 237
Murfreesboro, Tennessee 37132
Phone: (615) 898-2988
Fax: (615) 494-8866

Tuberculosis (TB) Screening

Student Name: _____ **M# (MTSU internal use): _____**

Part 1 – to be completed by the student

Have you ever had close contact with anyone known or suspected of having active TB disease? YES NO

Were you born in, have you lived in, or have you spent more than 30 days in any of the countries listed below? YES NO
If **YES**, please circle the country below

Afghanistan	China	Guinea	Madagascar	Palau	Tajikistan
Algeria	Colombia	Guinea-Bissau	Malawi	Panama	Tanzania
Angola	Comoros	Guyana	Malaysia	Papua New Guinea	Thailand
Argentina	Congo, Dem. Rep.	Haiti	Maldives	Paraguay	Timor-Leste
Azerbaijan	Congo, Rep.	Honduras	Mali	Peru	Togo
Bangladesh	Cote d'Ivoire	Hong Kong SAR, China	Marshall Islands	Philippines	Trinidad and Tobago
Belize	Djibouti	India	Mauritania	Qatar	Tunisia
Benin	Dominican Republic	Indonesia	Mexico	Romania	Turkmenistan
Bhutan	Ecuador	Iraq	Micronesia, Fed. Sts.	Russian Federation	Tuvalu
Bolivia	El Salvador	Kazakhstan	Moldova	Rwanda	Uganda
Bosnia and Herzegovina	Equatorial Guinea	Kenya	Mongolia	Sao Tome and Principe	Ukraine
Botswana	Eritrea	Kiribati	Morocco	Senegal	Uruguay
Brazil	Eswatini	Korea, Rep.	Mozambique	Sierra Leone	Uzbekistan
Brunei Darussalam	Ethiopia	Kosovo	Myanmar	Singapore	Vanuatu
Burkina Faso	Fiji	Kyrgyz Republic	Namibia	Solomon Islands	Venezuela, RB
Burundi	French Polynesia	Lao PDR	Naoero	Somalia, Fed. Rep.	Viet Nam
Cabo Verde	Gabon	Latvia	Nepal	South Africa	Yemen, Rep.
Cambodia	Gambia, The	Lesotho	Nicaragua	South Sudan	Zambia
Cameroon	Georgia	Liberia	Niger	Sri Lanka	Zimbabwe
Central African Republic	Ghana	Libya	Nigeria	Sudan	
Chad	Greenland	Lithuania	Northern Mariana Islands	Suriname	
	Guam	Macao SAR, China	Pakistan	Syrian Arab Republic	
	Guatemala				

Source: Global Tuberculosis Report, WHO (2024) list reviewed regularly and is subject to change.

Have you been a resident and/or employee of high-risk congregate settings? (e.g. correctional facilities, long-term care facilities, and homeless shelters) YES NO

Have you been a volunteer or health-care worker who served clients at an increased risk for active TB disease? YES NO

Have you ever been a member of any of the following groups that may have an increased incidence of tuberculosis infection – medically underserved, low-income, or use illicit drugs or excessive alcohol? YES NO

If the answer to ALL the above questions is NO, no further action is required. Please sign below and submit to MTSU Health Services. **If the answer is YES to any of the above questions**, please turn the page and proceed to **Part 2**.

Student Signature: _____ **Date_____**

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Part 2 – to be completed by the student

Do you currently have any of the following symptoms?

YES NO Cough lasting longer than 3 weeks
YES NO Coughing up blood
YES NO Chest pain
YES NO Loss of appetite
YES NO Unexplained weight loss
YES NO Night sweats
YES NO Fever

If the answer to ALL the above questions is NO, proceed to Part 3**.**

If the answer is YES to any of the above questions, please see a Health Care Provider to exclude active TB disease including immediate testing, chest x-ray and sputum evaluation as indicated**. Have your Health Care Provider complete Part 3B.**

Part 3

A: Student: Testing is available at MTSU Health Services prior to the first day of class, **only if you have NO symptoms and are unable to test in your country of origin.** If you plan to obtain testing prior to arrival proceed to Part 3B.

By checking this box you indicate that you have no symptoms and will test at MTSU prior to the first day of class ☐

Student Signature: _____ **Date**_____

B: Health Care Provider: Please evaluate to exclude active TB disease if any of the above symptoms are present. Please include any test results, chest x-ray or sputum results. MTSU will only accept IGRA TB test results (QuantiFERON, QFT-GIT or T-Spot). TB skin testing will not be accepted. MTSU may require repeating testing on arrival to campus.

If TB testing is obtained prior to arrival at MTSU please indicate the results below. **The official lab report must be attached to this document.**

Test performed: QuantiFERON T-Spot **(please circle)**

Result: Negative Positive Indeterminate Borderline (T-Spot only) **(please circle)**

Date of testing (must be within 6 months of start date at MTSU): _____ **(MM/DD/YYYY)**

Health Care Professional Signature: _____ **Date:** _____

Students please note:

- A hold will be placed on your MTSU account on the first day of class if testing is not complete and you will be unable to make any changes to your schedule until the required testing is performed.
- If testing is performed and the result is positive, you will need to undergo a chest x-ray at MTSU Health Services within 30 days of the first day of class.
- Any indeterminate or borderline results will need to be repeated at MTSU Health Services within 30 days of the first day of class
- All submitted documents will need to be reviewed prior to clearance and removal of holds.