

Return immunization document to:

NDSU Student Health Service
1707 Centennial Boulevard
P.O. Box 5313, Fargo, ND 58105
Fax (701) 231-6132
Phone (701) 231-6366



OFFICE USE	
Student ID _____	
MMR 1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Comments _____	

NAME				Birth Date			Student ID Number
_____	_____	_____	_____	____/____/____	____	____	_____
Last	First	Middle	Former	month	day	year	

Tuberculosis (TB) Screening Documentation

All information must be in English

North Dakota State University requires documentation of tuberculosis (TB) screening within six months prior to or after college entrance with a Mantoux skin test for those students meeting the following criteria:

A. Check all that apply:

- Contact with a person known to have active tuberculosis
- Signs or symptoms of active TB such as chronic cough, bloody sputum, fever, night sweats or weight loss
- Health care worker
- Volunteer or employee of a nursing home, prison or other residential institution
- History of injection of illicit drugs
- Have been diagnosed with a chronic medical condition that may impair your immune system:
 - Cancer of the head and neck or lung
 - Chronic malabsorption syndromes
 - Chronic renal failure
 - Diabetes mellitus
 - HIV infection
 - Intestinal bypass or gastrectomy (stomach removal)
 - Leukemias, lymphoma or Hodgkin's disease
 - Low body weight (10% or more below ideal or BMI of 18 or less)
 - Organ transplantation
 - Silicosis
 - Immunosuppressed from steroid use receiving equivalent of Prednisone 15 mg/day or more for 1 month or more

- From or have lived for one month in Asia, Africa, Central or South America or Eastern Europe. This includes all countries in the following **EXCEPT** for the countries noted, which have a low prevalence of TB:

American Region –

- | | | |
|-------------|----------------|---------------------|
| Canada | Jamaica | Saint Kitts & Nevis |
| Santa Lucia | Virgin Islands | USA |

European Region –

- | | | |
|----------------|-------------|-------------|
| Belgium | Denmark | Finland |
| France | Germany | Greece |
| Iceland | Ireland | Italy |
| Liechtenstein | Luxembourg | Malta |
| Monaco | Netherlands | Norway |
| San Marino | Sweden | Switzerland |
| United Kingdom | | |

Western Pacific Region –

- | | | |
|----------------|-----------|-------------|
| American Samoa | Australia | New Zealand |
|----------------|-----------|-------------|

- None of the above apply. You do not need TB skin testing.

B. If any of the above do apply, TB testing is required.

- TB Skin Testing** – call the NDSU Student Health Center at (701) 231-7331 to schedule an appointment for testing.
- or–
- Provide documentation of TB testing** done in the U.S. within the past 6 months by having a health care provider complete the section below (PPD Mantoux skin test read and documented in millimeters of induration). A chest x-ray performed in the U.S. will be required for anyone with a positive skin test. A negative chest x-ray is not a substitute for a skin test.
- or–
- Provide documentation of prior treatment of active TB disease.**

C. Date Tuberculin PPD (Mantoux) given: ____/____/____
month day year

Date Tuberculin PPD (Mantoux) read: ____/____/____
month day year

Result: _____ (record actual mm of induration, transverse diameter; if no induration, write "0")

Interpretation (based on mm of induration as well as risk factors): Positive Negative

Required signature by Health Care Provider _____ Date ____/____/____
month day year

Health Care Provider name, title and address (please print) _____