Part I: Tuberculosis (TB) Screening Questionnaire (to be completed by incoming students)

Name (First, Middle and Last): _____

Date of Birth: _____

Address Line 1: _____

Address Line 2: _____

City, State, Zip Code: _____

Date of Entry (MM/YYYY): _____/_____ MSM ID#: _____

Phone Number: (_____)_____

Email address (MSM email only): _____

Program (circle one): MPH MSBR MSNS MSCR PhD

Note: This form is intended for students who are not in clinical programs such as MD, PA or MSMS. If you are in the MD, PA, or MSMS program, do not utilize this form for TB screening. For any questions or concerns call Student Health and Wellness Center at: (404) 756-1241.

Mail completed forms to:

Student Health and Wellness Center

ATTN: Immunization Records <Insert Program Name Here>

455 Lee Street SW, Suite 300A

Atlanta, GA 30310

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease? Yes No

Were you born in one of the countries or territories listed on the Morehouse School of Medicine

Tuberculosis Screening Form

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2020. Countries with incidence rates of ≥ 20 cases per 100,000 population.

Have you had frequent or prolonged visits* to one or more of the countries or territories listed above

**Interpretation guidelines:

>5 mm is positive:

Recent close contacts of an individual with infectious TB

persons with fibrotic changes on chest radiograph consistent with previous TB