niversity Health Services

i0 Commonwealth Ave, Chestnut Hill, MA 02467

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e: 617-552- 3225 Website: bc.edu/uhs us a message: uhs@bc.edu Part I: Tuberculosis (TB) Screening Questionnaire Please answer the following questions:						
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	eff	(c) * U * =	3	1		
Have you been a resident, volunte long-term care facilities, and hom	er, and/or employee eless shelters)?	of high-risk congregate se	ettings (e.g., correctional facilities,	☐ Yes ☐ No		
0	141.5	X		14.785.09		
			ncreased risk for active TB disease?	☐ Yes ☐ No		
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Name: ______ BC Eagle ID: _____

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Name: BC Eagle ID:

Part II. Clinical Assessment by Health Care Provider

Clinicians should review and verify the information in Part I. Persons answering YES to any of the questions in Part I are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) unless a previous positive test has been documented.

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4. Chest x-ray: (Required if IGRA or TS	T is positive. Note: a single PA view is in	ndicated in the absence of
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	HEALTH CARE PROVIDER	
Signature of Provider	Englishman Blooming	Date
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