

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Tuberculosis Screening Survey**  
**(Only complete if you have a history of POSITIVE PPD)**

**NOTE: Do not upload this form if you have always had a negative PPD**

Complete this page only if you have had a positive PPD skin test in the past.  
You will also need to fill out and **upload a new survey** on the Student Health Portal **every 12 months** while a student at SMU.

1. Date of last **positive PPD** (MM/DD/YYYY): \_\_\_\_\_ Test Result: \_\_\_\_\_ mm induration

2. Where were you born? \_\_\_\_\_  
If you were born outside of the United States, how long have you been here? \_\_\_\_\_

3. Have you had vaccinations with Bacillus of Calmette & Guerin (BCG)?  Yes  No  Don't know  
If "Yes": When? \_\_\_\_\_ Where? \_\_\_\_\_

4. Have you ever traveled, worked, and/or lived outside the United States?  Yes  No  
If "Yes": Dates \_\_\_\_\_ Places \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are you aware of any exposure to people with possible active TB (i.e., high-risk populations, such as refugees, immigrants, homeless individuals, persons with chronic cough, or household members with TB infection)?  
 Yes  No If "Yes," describe nature of possible exposure: \_\_\_\_\_

Dates	Places	Length of Contact
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. During the past 12 months, have you noticed any of the following?

	Yes	No		Yes	No
Productive cough (3 weeks)			Swollen glands, usually in neck		
Persistent weight loss without dieting			Recurrent kidney or bladder infections		
Persistent low grade fever			Coughing up blood		
Night sweats			Shortness of breath		
Loss of appetite			Chest pain		

Please provide details of any "Yes" answers above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_