

Georgia Perimeter College

Student Health Center

TB Questionnaire

Name: _____

Jag ID _____

SSN: _____ - _____ - _____

Date of Birth: _____ - _____ - _____

Please complete form so that we can better serve you.

Have you ever had a positive TB skin test? Yes No

Have you ever had close contact with anyone who was sick with TB? Yes No

Were you born in another country and arrived in the U.S. within the Yes No

past five years? If yes, please write the name of the country _____.

Have you ever been vaccinated with BCG (bacilli Calmette-Guerin) vaccine? Yes No

Have you had a live virus vaccine in the last 4-6 weeks? Yes No

Are you on any immunosuppression medication, had an organ transplant , or HIV? Yes No

Student Signature: _____

Date: _____ - _____ - _____