

Student Information

To be completed by student. Please print clearly.

_____ Endicott ID # _____

Date of Birth _____ / _____ / _____ Place of Birth _____ Country _____
Month Day Year

Permanent Street Address _____

_____ (____) _____ (____) _____

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To be signed by student

I grant permission to the Health Center to release a copy of this Health Form to relevant personnel within the College for the purpose of obtaining information required for my major and/or athletic involvement. I understand that Endicott College cannot be held responsible for the accuracy of

_____ Date _____

Emergency Contacts

_____ Relationship to Stu tu

Medical & Immunization History

_____ Date of Birth _____

MASSACHUSETTS LAW (College Immunization Law, Chapter 76, Section 15c) and Endicott College require verification of immunizations and/or serological test results. **If serology titer is done, please attach copy of report.** If serology titer indicates lack _____ 1 t

Physical Examination

Tuberculosis (TB) Screening Questionnaire

Endicott ID # _____

PART I

Please answer the following questions:

1. Have you ever had close contact with persons known to have or suspected of having active TB?
2. Were you born in one of the countries or territories listed below that have a high incidence of active TB?
If yes, please CIRCLE the name of the country or territory in the list below.
3. Have you had visits of one month or more to any of the countries or territories listed below that have a high prevalence of TB ?
If yes, please CIRCLE the name of the country or territory in the list below.

Countries with High Rates of Tuberculosis

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2014. Countries with incidence rates of 20 cases per 100,000 population

China, Hong Kong SAR
China, Macao SAR

Azerbaijan
Côte d'Ivoire
Democratic People's
Republic of Korea
Democratic Republic

Belize
Djibouti
Dominican Republic

(Plurinational State of)
Bosnia and Herzegovina

Brazil
Brunei Darussalam

Cabo Verde

Republic

PART II

Clinical Assessment by Health Care Provider

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.

History of a positive TB skin test or IGRA blood test? (If yes, document below)	<input type="checkbox"/>	<input type="checkbox"/>
History of BCG vaccination? (If yes, consider IGRA if possible.)	<input type="checkbox"/>	<input type="checkbox"/>

1. Tuberculosis Symptom Check

Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray,