

**BISHOP WELLNESS CENTER
WILLAMETTE UNIVERSITY**

PHONE: 503-370-6062

FAX: 503-375-5420

TUBERCULOSIS SCREENING DOCUMENTATION FORM

| | | | |
|--------------------------------|-------|--------|------------------------|
| LAST NAME | FIRST | MIDDLE | DATE OF BIRTH |
| CAMPUS/LOCAL ADDRESS, IF KNOWN | | | COUNTRY OF BIRTH |
| CITY | STATE | ZIP | STUDENT ID #, IF KNOWN |

Tuberculosis screening is **not** required for students born in the United States or low-incidence countries, as designated by the Oregon State Health Division, which include:

Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Great Britain, Greece, Ireland, Italy, Luxembourg, Netherlands, New Zealand, Norway, Portugal, Spain, Sweden, and Switzerland

Students born outside the above countries are at higher risk of being infected with tuberculosis. A Tuberculosis skin test within the past six months is required for those students born outside the low-incidence countries. Students who have a positive TB test must have a chest X-ray.

Any student who has had a positive TB test in the past should not be retested; these students should have a chest x-ray only. A copy of the X-ray report or documentation in the CHEST X-RAY box below will fulfill the tuberculosis screening requirement.

| | |
|--|--------------------|
| TUBERCULIN SKIN TEST | |
| Date Given: _____ | Date Read: _____ |
| mm induration: _____ | Test Result: _____ |
| _____ Signature of Health Care Provider | |

| | |
|--|---------------------------|
| CHEST X-RAY | |
| Required for those with a positive skin test, history of a positive skin test, or history of tuberculosis infection. | |
| Date of x-ray: _____ | Results of reading: _____ |
| _____ Signature of Health Care Provider | |

The Registrar/Deans will be notified of students who are not in compliance with the State Health Division requirements. Attendance in class and pre-registration will not be allowed for students who are not in compliance.

Return this with your Health History form to:

**Bishop Wellness Center
Willamette University
900 State Street
Salem, OR 97301**

Phone: 503-370-6062 Fax: 503-375-5420