

## UNIVERSITY OF MAINE AT FARMINGTON TUBERCULOSIS SCREENING FORM

Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS:	YES	NO
1. To the best of your knowledge have you ever had close contact with anyone who was sick with tuberculosis (TB)?		
2. Have you ever had a positive (reactive) TB skin test in the past?		
3. Were you born in any country <b>other than</b> Australia, Canada, Japan, New Zealand, United States, or Western European countries?		
4. Have you traveled or lived for more than one month in any country <b>other than</b> Australia, Canada, Japan, New Zealand, United States, Western Europe countries, or lived on an Indian reservation in the United States?		
5. Have you ever lived or worked in a homeless shelter or prison?		
If you answered yes to any of the above questions, please explain in detail:		

- If you answered **no** to all 5 of the above questions you do not need to do anything further.
- If you answered **yes** to any of the questions, you will need to have a TB skin screening test at the Student Health Center upon arrival or provide documentation of a negative TB testing result.

UMF-STUDENT HEALTH CENTER  
Scott Hall, Main Street  
FARMINGTON, ME 04938  
Phone: 207-778-7200