

Tuberculosis Screening Questionnaire

Complete this form before registering for classes.

I. Your Information

Full Name: _____ Date (MM/DD/YYYY): _____
 Date of Birth (MM/DD/YYYY): _____ MSU ID Number: _____

II. TB Screening Questionnaire (to be completed by the student)

Please answer the following questions by circling your response.

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| A. Have you ever had close contact with people who are known or suspected to have active TB disease? | YES | NO |
| B. Were you born in one of the countries or territories that have a high incidence of active TB disease (listed in Appendix B, attached)? If yes, please circle the country in Appendix B. | YES | NO |
| C. Have you resided in or traveled to one or more of the countries or territories in Appendix B for a cumulative period of at least one month? If yes, please circle the countries in Appendix B. | YES | NO |
| D. Have you been a resident, volunteer, and/or employee of a high-risk congregate setting (for example a correctional facility, long-term care facility, or homeless shelter)? | YES | NO |
| E. Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? | YES | NO |
| F. Have you ever been a member of any of the following groups that may have an increased incidence of inactive TB infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol? | YES | NO |

If you answered YES to any question above, TB testing is required within 6 months of the start of your first enrolled term. If you answered NO to all the questions, no further testing or action is required.

III. Test results (to be completed by your health care provider if you answered YES above)

IGRA Blood Test Result: (QuantiFERON Gold) Circle One: Positive / Negative / Indeterminate Must attach lab report	OR	TST (PPD) Result: Induration: _____ mm Date Placed: _____ Date Read: _____
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HealthCare Provider Name & Credentials (Printed): _____
 HealthCare Provider Signature: _____ Date: _____

IV. Submit your completed form, including any test results or labs, through the MSU patient portal.

Questions? Email immune@montana.edu.

More information: <https://www.montana.edu/health/immunization.html>

Appendix B: 2026 High-Incidence Country List

Countries and territories with a 3-year average TB incidence of 20 or more cases per 100,000 population (2022 to 2024)

Circle countries that apply:

Afghanistan	Greenland	Northern Mariana Islands
Algeria	Guam	Pakistan
Angola	Guatemala	Palau
Argentina	Guinea	Panama
Armenia	Guinea-Bissau	Papua New Guinea
Azerbaijan	Guyana	Paraguay
Bangladesh	Haiti	Peru
Belize	Honduras	Philippines
Benin	India	Qatar
Bhutan	Indonesia	Romania
Bolivia (Plurinational State of)	Iraq	Russian Federation
Bosnia and Herzegovina	Kazakhstan	Rwanda
Botswana	Kenya	Sao Tome and Principe
Brazil	Kiribati	Senegal
Brunei Darussalam	Korea (Democratic People's Republic of)	Sierra Leone
Burkina Faso	Korea (Republic of)	Singapore
Burundi	Kyrgyzstan	Solomon Islands
Cabo Verde	Lao People's Democratic Republic	Somalia
Cambodia	Latvia	South Africa
Cameroon	Lesotho	South Sudan
Central African Republic	Liberia	Sri Lanka
Chad	Libya	Sudan
China	Lithuania	Suriname
China, Hong Kong SAR	Madagascar	Syrian Arab Republic
China, Macao SAR	Malawi	Tajikistan
Colombia	Malaysia	Tanzania (United Republic of)
Comoros	Maldives	Thailand
Congo	Mali	Timor-Leste
Congo (Democratic Republic of)	Marshall Islands	Togo
Cote d'Ivoire	Mauritania	Trinidad and Tobago
Djibouti	Mexico	Tunisia
Dominican Republic	Micronesia (Federated States of)	Turkmenistan
Ecuador	Moldova (Republic of)	Tuvalu
El Salvador	Mongolia	Uganda
Equatorial Guinea	Morocco	Ukraine
Eritrea	Mozambique	Uruguay
Eswatini	Myanmar	Uzbekistan
Ethiopia	Namibia	Vanuatu
Fiji	Nauru	Venezuela (Bolivarian Republic of)
French Polynesia	Nepal	Viet Nam
Gabon	Nicaragua	Yemen
Gambia	Niger	Zambia
Georgia	Nigeria	Zimbabwe
Ghana	Niue	

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