MONTANA STATE UNIVERSITY | Student Health Services

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.

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)	OR	TST (PPD) Result:
Circle One: Positive / Negative / Indeterminate **Must attach lab report**		Induration: _____ mm Date Placed: _____ Date Read: _____

HealthCare Provider Name & Credentials (Printed): _____

HealthCare Provider Signature: _____ Date: _____

IV. Submit your completed form, **including any test results or labs**, through the Student Health Patient Portal at https://www.montana.edu/wellness/student-health-services/ and then click on patient portal

Questions? Email immune@montana.edu.

More information: https://www.montana.edu/wellness/student-health-services/immunizations.html

Form last updated: 9/29/2026 | Aligned to ACHA TB Guidelines, May 2026

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

Medical Services
950 W Grant / P.O. Box 173260
Bozeman, MT 59717-3180
406-994-2311