Meningococcal and Tuberculosis Questionnaire - IEC
University of Colorado Boulder

Name: ______________________________________   SID# ______________ Date of Birth: ___ / ___ / ____

Meningococcal Disease Information

Meningococcal disease is a serious disease, caused by bacteria. Meningococcal disease is a contagious, but largely preventative, infection of the spinal cord fluid and the fluid that surrounds the brain. Scientific evidence suggests that college students living in dormitory facilities are at a modestly increased risk of contracting meningococcal disease. Immunization against meningococcal disease decreases the risk of contracting the disease.

Please select one of the following:

☐ I have reviewed the information and I have already received the meningococcal vaccine.
☐ I have reviewed the information and I am interested in receiving the meningococcal vaccine.
☐ I have reviewed the information and I am not interested in receiving the meningococcal vaccine at this time.

To receive the meningococcal vaccine, students can check with their health care provider, their local health department, Colorado’s health department: www.cdphe.state.co.us), or get the vaccine at CU-Boulder’s Wardenburg Health Center: www.colorado.edu/health.

Tuberculosis (TB) Questionnaire

1. Were you born in a country with high TB risk (select “Yes” if your birth country is not listed on page 2)?
   ☐ Yes  ☐ No

2. Have you ever had a positive Tuberculosis Skin Test (PPD) or Blood Test (T-Spot or Quantiferon TB Gold)?
   ☐ Yes: Date (Month/Year): __________  ☐ No

3. Have you ever been given medicine(s) to prevent or treat active Tuberculosis?
   ☐ Yes: Date (Month/Year): __________  ☐ No
   Which medicine(s) did you take? __________________________
   For how long? ________________________________________

4. Have you ever had a BCG (immunization for Tuberculosis)?
   ☐ Yes  ☐ No

5. Have you ever had close contact with a person with active Tuberculosis?
   ☐ Yes  ☐ No

6. Have you ever worked, volunteered or lived in a health care facility, long term care facility, nursing home, jail/prison, or homeless shelter?
   ☐ Yes  ☐ No

7. Have you ever lived in or traveled to a country with significant TB risk for more than two months (select “Yes” if the country is not listed on page 2)?
   ☐ Yes  ☐ No

Continued on next page →
8. Have you recently had any of the following symptoms for no known reason?
   ☐ Yes: Check all that apply: ☐ No
   ☐ Night sweats
   ☐ Unexplained weight loss
   ☐ Fatigue/tiredness
   ☐ Unexplained Fevers
   ☐ Poor appetite
   ☐ Coughing up blood
   ☐ Shortness of breath
   ☐ Productive cough for more than three weeks

9. Have you ever been diagnosed with a chronic medical condition that may impair your immune system or for which you are taking medications that suppress your immune system?
   ☐ Yes: What condition or medication? ________________________ ☐ No

If you answered “yes” to any of the TB questions above:

You must have a current Tuberculosis Skin Test (PPD) or TB blood test (if you have had the BCG vaccine).

Please submit a record of the test with this form or go to Wardenburg Health Center, room 333 to complete the required testing. If you have questions, please call Patient Services at 303-492-5107.

Signature ______________________________________________   Date ________________
(Parent/Guardian Signature for Students under 18)

Countries with Low TB Risk:

Antigua and Barbuda
Australia
Austria
Barbados
Belgium
Bermuda
Canada
Curacao
Cyprus
Denmark
Finland
France
Germany
Greece
Grenada
Iceland
Ireland
Israel
Italy
Jamaica
Jordan

Liechtenstein
Luxembourg
Monaco
Montserrat
Netherlands
New Zealand
Norway
Puerto Rico
Saint Kitts and Nevis
Saint Lucia
Saint Marten
San Marino
Slovak Republic
Slovenia
Sweden
Switzerland
United Arab Emirates
United Kingdom
United States of America
U.S. Virgin Islands