

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 preventable, 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? **No**
- Yes:** Check all that apply:
- | | |
|--|---|
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Unexplained weight loss |
| <input type="checkbox"/> Fatigue/tiredness | <input type="checkbox"/> Unexplained Fevers |
| <input type="checkbox"/> Poor appetite | <input type="checkbox"/> Coughing up blood |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> 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? **No**
- Yes:** What condition or medication? _____

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 _____
 (Parent/Guardian Signature for Students under 18)

Date _____

Countries with Low TB Risk:

- | | |
|---------------------|--------------------------|
| Antigua and Barbuda | Liechtenstein |
| Australia | Luxembourg |
| Austria | Monaco |
| Barbados | Montserrat |
| Belgium | Netherlands |
| Bermuda | New Zealand |
| Canada | Norway |
| Curacao | Puerto Rico |
| Cyprus | Saint Kitts and Nevis |
| Denmark | Saint Lucia |
| Finland | San Marino |
| France | Saint Marten |
| Germany | Slovak Republic |
| Greece | Slovenia |
| Grenada | Sweden |
| Iceland | Switzerland |
| Ireland | United Arab Emirates |
| Israel | United Kingdom |
| Italy | United States of America |
| Jamaica | U.S. Virgin Islands |
| Jordan | |