Please answer the following questions on the Student Health Portal – wesleyan.medicatconnect.com

1. Have you ever had close contact or lived with a person known or suspected to have active TB disease?  ☐ Yes ☐ No

2. Were you born in or have you lived, traveled or worked for more than one month in one of the countries listed below? If YES, please indicate countries below. ☐ Yes ☐ No

3. Have you ever lived, worked or volunteered in a homeless shelter, prison or health care facility? ☐ Yes ☐ No

4. Have you had a cough > 3 weeks, fever, night sweats, unexplained fatigue or weight loss? ☐ Yes ☐ No

5. Are you receiving immunosuppressive therapy such as TNF-alpha antagonists, systemic corticosteroids > 15 mg of Prednisone daily or other immunosuppressive drug therapy following organ transplantation? ☐ Yes ☐ No

6. Do you have a history of HIV/AIDS, diabetes, cancer, kidney disease or an immune disorder? ☐ Yes ☐ No

7. Have you ever had a BCG vaccine? If YES, TB blood test recommended. ☐ Yes ☐ No

8. Have you ever had a positive tuberculosis skin or blood test? If YES, have your practitioner complete Chest X-Ray and medication treatment sections on the TUBERCULOSIS TESTING FORM. ☐ Yes ☐ No

If you answer NO to all questions, no further action is required. If you answer YES to any questions above, Wesleyan University requires that your provider complete the TB Testing Form. No exemptions for students with a prior history of BCG. If you have received BCG in the past, a TB blood test is preferred; however, a TB skin test is an acceptable alternative.