North Dakota State University requires documentation of tuberculosis (TB) screening within six months prior to or after college entrance with a Mantoux skin test for those students meeting the following criteria:

A. Check all that apply:
- Contact with a person known to have active tuberculosis
- Signs or symptoms of active TB such as chronic cough, bloody sputum, fever, night sweats or weight loss
- Health care worker
- Volunteer or employee of a nursing home, prison or other residential institution
- History of injection of illicit drugs
- Have been diagnosed with a chronic medical condition that may impair your immune system:
  - Cancer of the head and neck or lung
  - Chronic malabsorption syndromes
  - Chronic renal failure
  - Diabetes mellitus
  - HIV infection
  - Intestinal bypass or gastrectomy (stomach removal)
  - Leukemias, lymphoma or Hodgkin’s disease
  - Low body weight (10% or more below ideal or BMI of 18 or less)
  - Organ transplantation
  - Silicosis
  - Immunosuppressed from steroid use receiving equivalent of Prednisone 15 mg/day or more for 1 month or more
- Within the past five years have lived or traveled for >30 days in a country where there is a “high incidence” of TB. This includes many countries in Africa, Asia, Eastern Europe, Central and South America. (The United States has a low incidence of TB.)
  This list of countries is available on the NDSU Student Health Service Web site under “immunizations.”
- None of the above apply. You do not need TB skin testing.

B. If any of the above do apply, TB testing is required.
- TB Skin Testing – call the NDSU Student Health Center at (701) 231-7331 to schedule an appointment for testing.
  -or–
  - Provide documentation of TB testing done in the U.S. within the past 6 months by having a health care provider complete the section below (PPD Mantoux skin test read and documented in millimeters of induration). A chest x-ray performed in the U.S. will be required for anyone with a positive skin test. A negative chest x-ray is not a substitute for a skin test.
  -or–
  - Provide documentation of prior treatment of active TB disease.

C. Date Tuberculin PPD (Mantoux) given: \( \text{month} / \text{day} / \text{year} \)
  Date Tuberculin PPD (Mantoux) read: \( \text{month} / \text{day} / \text{year} \)

Result: \( \_ \_ \_ \_ \_ \_ \) (record actual mm of induration, transverse diameter; if no induration, write “0”)

Interpretation (based on mm of induration as well as risk factors):
- Positive
- Negative

Required signature by Health Care Provider

Health Care Provider name, title and address (please print)

Return immunization document to:
NDSU Student Health Service
NDSU Dept. 5150
P.O. Box 6050, Fargo, ND 58108-6050
Fax (701) 231-6132
Phone (701) 231-6366