TUBERCULOSIS SCREENING

Name: ___________________________ DOB: ___________ University ID #: ___________

The Centers for Disease Control and the U.S. Public Health Service recommend that tuberculosis testing be performed on all individuals who may be at increased risk of tuberculosis disease. For more information, visit http://www.acha.org or refer to the CDC’s Core Curriculum on Tuberculosis available at http://www.cdc.gov/nchstp/tb/pubs/corecurr/

1. Have you had a prior positive TB test? (If yes, you must complete Page 3, Section C). ☐ Yes ☐ No

2. Have you ever been a close contact with persons known or suspected to have active TB disease? ☐ Yes ☐ No

3. Have you been a resident and/or employee in a high risk setting such as long-term care facilities, homeless shelters or correctional facilities? ☐ Yes ☐ No

4. Have you been a healthcare worker? ☐ Yes ☐ No

5. Have you ever injected illegal drugs? ☐ Yes ☐ No

6. Do you have signs or symptoms of active TB disease: unexplained fever, weight loss, loss of appetite, night sweats, persistent cough for more than 3 weeks, cough with production of bloody sputum? ☐ Yes ☐ No

7. Do you have a clinical condition such as HIV, diabetes, cancer, kidney disease, silicosis, leukemia or lymphoma, chronic malabsorption syndromes, removal of part of your stomach or have been on prolonged corticosteroid or immunosuppressive therapy? ☐ Yes ☐ No

8. Have you had frequent or prolonged visits* to one or more of the countries or territories listed below with a high prevalence of TB disease? If yes, which country? ☐ Yes ☐ No

9. Have you lived in or visited another country where TB is common for 3 months or more, regardless of length of time in the us? (If yes, please CIRCLE the country, below)?

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

☐ I have answered “YES” to 1 or more of the above questions and must complete Page 3.

☐ I have answered “NO” to ALL of the above questions. No TB test is required.

Signature of Student or Parent/Legal Guardian ________________________ Date ___________

I have reviewed the above Tuberculosis screening and completed page 3 if required.