

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)? Yes No

Afghanistan Algeria Angola Anguilla Argentina Armenia Azerbaijan Bangladesh Belarus Belize Benin Bhutan Bolivia (Plurinational State of) Bosnia and Herzegovina Botswana Brazil Brunei Darussalam Bulgaria Burkina Faso Burundi Cabo Verde 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 Tunisia Turkmenistan Tuvalu Uganda Ukraine United Republic of Tanzania Uruguay Uzbekistan Vanuatu Venezuela (Bolivarian Republic of) Viet Nam Yemen Zambia Zimbabwe
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- 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.