

TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE

To be completed and signed by the student. Upload into OWL under Physician's Evaluation for Tuberculosis.

Name: _____ Birth date: ____/____/____ PAWS ID: _____

Last
First
M D Y

Please answer the following questions:

- 1) Have you ever had a **positive** TB test?..... yes no
- 2) Have you ever had **close contact** with persons known or suspected to have active TB disease? yes no
- 3) Were you **born** in one of the countries listed below? If yes, please CIRCLE the country yes no
- 4) Have you had any **frequent** (once per year or more) OR **prolonged visits (30 days or more)** to one or more of the countries listed below? If yes, please CHECK ✓the country/ies below..... yes no
- 5) Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facility, long-term care facility, homeless shelter)?..... yes no
- 6) Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease? yes no
- 7) Have you ever been a member of any of the following groups that may have an increased incidence of latent TB infection or active TB disease: - medically underserved, low-income, or abusing drugs and/or alcohol?..... yes no

I verify that the information provided by me on this form is true. _____ Date _____
Student's signature (or parent/legal guardian if student is a minor)

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with TB incidence rates of ≥ 20 cases per 100,000 population.

If you answered YES to one or more of the above questions, schedule an office visit with your doctor to complete the "Physician's Evaluation for Tuberculosis" on the next page. TAKE THIS FORM (page 3) WITH YOU TO YOUR APPOINTMENT.

If you answered **NO** to all of the above questions, you are NOT required to have the Physician's Evaluation for Tuberculosis form completed or have a TB test.