Tuberculosis (TB) Screening Questionnaire

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease?  □ Yes  □ No

Were you born in one of the countries or territories listed below that have a high incidence of active TB disease?  (If yes, please CIRCLE the country, below.)

China, Macao SAR  China  Honduras  Myanmar
Colombia  India  Namibia
Comoros  Indonesia  Nauru
Congo  Iraq  Nepal
Democratic People's Republic of Korea  Kazakhstan  Nicaragua
Democratic Republic of the Congo  Kenya  Niger
Dominican Republic  Kiribati  Nigeria
Ecuador  Kuwait  Niue
El Salvador  Kyrgyzstan  Northern Marianas Islands
Equatorial Guinea  Lao People's Democratic Republic  Pakistan
Eritrea  Latvia  Palau
Eswatini  Lesotho  Panama
Ethiopia  Liberia  Paraguay
Fiji  Libya  Peru
French Polynesia  Madagascar  Philippines
Gabon  Malawi  Portugal
Gambia  Malaysia  Qatar
Georgia  Maldives  Republic of Korea
Ghana  Mali  Republic of Moldova
Greenland  Marshall Islands  Romania
Guam  Mauritania  Russian Federation
Guatemala  Mexico  Rwanda
Guinea  Micronesia (Federated States of)  Sao Tome and Principe
Guinea-Bissau  Mongolia  Senegal
Guyana  Morocco  Sierra Leone
Haiti  Mozambique  Singapore


Have you had frequent or prolonged visits* to one or more of the countries or territories listed above with a high prevalence of TB disease?  (If yes, CHECK the countries or territories, above) □ Yes □ No

Have you been a resident, volunteer, and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? □ Yes □ No

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? □ Yes □ No

Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol? □ Yes □ No

If the answer is YES to any of the above questions, [insert your college/university name] requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester.

If the answer to all the above questions is NO, no further testing or further action is required.

*The significance of the travel exposure should be discussed with a health care provider and evaluated.

Student ID______________________ Signature________________________ Date________________