

☐ TB ED done ____ Date: ____

Tuberculosis (TB) Screening Questionnaire (to be completed by incoming international students)

ame	Student ID No	Date		
Please answer the followin	g questions:			
1. Have you ever been diag	gnosed with active TB disease	e or latent TB? □Yes □No	(If yes, have you completed	l treatment) □Yes □No
2. Have you ever had close	contact with persons known	or suspected to have active	e TB disease?	l No
•	the countries or territories li	•		
Afghanistan	China, Macao SAR		yes, pleaseCIRCLE the cou	
Algeria	Colombia	India	<i>J</i> 71	,
Angola	Comoros	Indonesia	Myanmar	South Africa
Anguilla	Congo	Iraq	Namibia	South Sudan
Argentina	Democratic People's	Kazakhstan	Nauru	Sri Lanka
Armenia	Republic of Korea	Kenya	Nepal Nicaragua	Sudan Suriname
Azerbaijan	Democratic Republic of the	Kiribati	Niger	Tajikistan
Bangladesh	Congo	Kuwait	Nigeria	Thailand
Belarus	Djibouti	Kyrgyzstan	Niue	Timor-Leste
Belize	Dominican Republic	Lao People's Democrati	Northern Mariana Islands	Togo Tokelau
Benin	Ecuador	Republic	Pakistan	Trinidad and Tobago
Bhutan	El Salvador	Latvia	Palau Panama	Tunisia Turkmenistan Tuvalu
Bolivia (Plurinational Stateof)	Equatorial Guinea	Lesotho	Panama Papua New Guinea	Uganda
	Eritrea	Liberia	Paraguay	Ukraine
Bosnia and Herzegovina	Eswatini	Libya	Peru	United Republic of Tanzania
Botswana	Ethiopia	Lithuania	Philippines	Uruguay
Brazil	Fiji	Madagascar	Portugal	Uzbekistan
Brunei Darussalam	French Polynesia	Malawi	Qatar	Vanuatu
Bulgaria	Gabon	Malaysia	Republic of Korea	Venezuela (Bolivarian Republic of)
Burkina Faso	Gambia	Maldives	Republic of Moldova Romania	Viet Nam
Burundi	Georgia	Mali	Russian Federation	Yemen
Côte d'Ivoire	Ghana	Marshall Islands	Rwanda	Zambia
Cabo Verde	Greenland	Mauritania	Sao Tome and Principe	Zimbabwe
Cambodia	Guam	Mexico	Senegal	
Cameroon	Guatemala	Micronesia (Federated	Sierra Leone	
Central African Republic	Guinea	States of)	Singapore Solomon Islands	
Chad	Guinea-Bissau	Mongolia	Somalia	
China	Guyana	Morocco	Somana	
China, Hong Kong SAR	Haiti th Observatory, Tuberculosis Incidence 2018. Countr	Mozambique	10 nonvelation. For future undates, refer to btto	/honor who int/th/country/an/
, and the second	,			•
4. Have you had frequent or prolonged visits* to one or more of the countries or territories listed above				☐ Yes ☐ No
with ahigh prevalence of TB disease? (If yes, CHECK the countries or territories, above)				
5. 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
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 M. tuberculosis infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol?				☐ Yes ☐ No
8. Do you have any of these symptoms: fever, night sweats, chest pain, prolonged cough, coughing up blood, feeling weak, or weight loss.				☐ Yes ☐ No
Services recommends the	o any of the above questions hat you receive TB testing as r. UMC Health Services will	soon as possible but at least	st prior to the start of	
If the answer to all the	e above questions is NO, no	further testing or further ac	ction is required.	
	el exposure should be discussed wit	•	•	



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