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

Name _______________________    Student ID No. ________________       Date_________

**Please answer the following questions:**

1. Have you ever been diagnosed with active TB disease or latent TB?  
   - [ ] Yes  
   - [ ] No (If yes, have you completed treatment)  
   - [ ] 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 or territories listed below that have a high incidence of active TB disease?  
   - [ ] Yes  
   - [ ] No  
   (If yes, please CIRCLE the country, below.)
   - Afghanistan  
   - China, Macao SAR  
   - Honduras  
   - India  
   - Indonesia  
   - Iraq  
   - Kazakhstan  
   - Kenya  
   - Kiribati  
   - Kuwait  
   - Kyrgyzstan  
   - Lao People's Democratic Republic  
   - Latvia  
   - Lesotho  
   - Liberia  
   - Libya  
   - Lithuania  
   - Madagascar  
   - Malawi  
   - Malaysia  
   - Maldives  
   - Mali  
   - Marshall Islands  
   - Mauritania  
   - Mexico  
   - Micronesia (Federated States of)  
   - Mongolia  
   - Morocco  
   - Mozambique


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

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

**If the answer is YES to any of the above questions,** University of Minnesota – Crookston Health Services recommends that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester. UMC Health Services will also contact you for a follow up appointment.

**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.*

[ ] TB ED done_______ Date: __________
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