

ANNUAL Tuberculosis (TB) Screening

(To be completed by student)

Name: _____ **Date of Birth:** _____

Date of initial Screening/Testing Form completion _____

In the past 12 months:

Have you had close contact with anyone known or suspected to have active TB disease? Yes _____ No _____

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

Have you lived, worked or volunteered in any high-risk settings? (Correctional facility or prison, long-term care facility or nursing home, homeless shelter)? Yes _____ No _____

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 or alcohol? Yes _____ No _____

Do you have any of the following symptoms? Cough, Fever, Night sweats, Weakness, Loss of appetite, Weight loss? (If yes, please explain) Yes _____ No _____

Have you had frequent or prolonged visits* to one or more of the countries listed below? (If yes, **CHECK**✓ the countries, below) Yes _____ No _____

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2014. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.

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

If the answer is YES to any of the above questions, Lewis University requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent term. TB testing must be performed in the U.S.

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

Student Signature _____ **Date:** _____