



Tuberculosis (TB) Screening Form (Questionnaire)

(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 2015. 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. The TB test must be performed no sooner than 6 months prior to arriving on campus or must be repeated. Note: The TB testing requirement applies regardless BCG vaccination. TB IGRA testing is preferred. Skin testing must be performed in the U.S.A. Testing can be done at Lewis University Health Services.

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

Student Signature _____ Date: _____