

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 listed below that have had high incidence of active TB disease? YES NO

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

Have you had frequent or prolonged visits to one or more of the countries listed above with a high prevalence of TB disease? (If YES, please list the countries) YES NO _____

Have you been a resident and/or employee of high-risk congregate settings (e.g. correctional facilities, Long-term care facilities, and homeless shelter)? 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, Williston State College 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 of the above questions is NO, no further testing or further action is required.

Student Name: _____ ID# _____ Date of Birth _____