#### Name I.D. Number

LAST NAME

#### Birthdate: / /

FIRST NAME M.I.

Address:

YES NO

1. Have you ever had a positive tuberculosis (TB) skin test? 
2. To the best of your knowledge, have you had close contact with anyone who is/was sick with tuberculosis (TB)?

3, Do you have ANY of the following symptoms of possible tuberculosis?

Unexplained elevation of temperature for more than one week;

Unexplained weight loss, night sweats or persistent cough for more than 3 weeks;

Cough productive of bloody sputum.

1. Do you have any one or more of the following risk factors for tuberculosis? Injected illegal drugs;

Infected with HIV;

Past or present health care worker;

Have a malignancy, silicosis, gastrectomy, end-stage kidney disease;

Have a suppressed immune system or diabetes mellitus or

#### chronic renal failure or cancer or chronic corticosteroid

use (e.g., prednisone);

Been a resident, employee or volunteer in a jail, prison, halfway

house, homeless shelter, nursing home, hospital or other health care facility.



1. Were you born in any country listed on the back of this form?
2. Have you traveled or lived for more than one month in any country listed on the back of this form?

If the answer to any of the questions is “YES“, a Mantoux Tb Skin Test MUST be done, unless there has been a

#### positive skin test in the past. If there has been a positive skin test in the past, the skin test should NOT be

repeated-- Contact Health Services for instructions. Tuberculosis information should be entered below or attached separately.

Tuberculosis information (if requested)

TB Skin Test (Mantoux) Dates for test should be within six months of attendance and must have been given in the United States. Date given Date read Results (record in millimeters) If indicated - Chest x-ray results/date (please attach copy of x-ray report)

Previous treatment/preventive therapy for TB: Y N If yes, give dates, medication taken and for how long, and attach physician’s

summary of current status.

I certify that these answers are true to the Dest of my knowledge.

I understand that this questionnaire remains a part of my confidential medical record.

Signature of Student Date / /

COUNTRIES with HIGH INCIDENCE of TUBERCULOSIS (TB)

## \*World Health Organization Global TB has designated these countries as high risk. (2017 data) High TB countries of incident cases

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