



Lincoln College Tuberculosis Risk Questionnaire

300 Keokuk Street, Lincoln, IL 62656 Phone: (217) 735-7340 Fax: (217) 735-5214

||||| THIS IS NOT A PHYSICAL FORM |||||

Name _____ I.D. Number _____
LAST NAME FIRST NAME M.I.

Birthdate: ____/____/____

Address: _____

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever had a positive tuberculosis (TB) skin test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. To the best of your knowledge, have you had close contact with anyone who is/was sick with tuberculosis (TB)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have ANY of the following symptoms of possible tuberculosis?
<u>Unexplained</u> elevation of temperature for more than one week;
<u>Unexplained</u> weight loss, night sweats or persistent cough for more than 3 weeks;
Cough productive of bloody sputum. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Were you born in any country listed on the back of this form? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you traveled or lived for more than one month in any country listed on the back of this form? | <input type="checkbox"/> | <input type="checkbox"/> |

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 best 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

Angola

Bangladesh

Brazil

China

Democratic People's Republic of Korea

Democratic Republic of the Congo

Ethiopia

India

Indonesia

Kenya

Mozambique

Myanmar

Nigeria

Pakistan

Philippines

Russian Federation

South Africa

Thailand

United Republic of Tanzania

Viet Nam

Per Illinois Department of Public Health

Mexico