



WICKER WELLNESS CENTER

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TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE

Student Name: _____ Date: ____/____/____

Address: _____

Date of Birth: ____/____/____ Cell Phone: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- Yes No Have you ever had a positive TB skin test?
- Yes No Have you ever had close contact with anyone who was sick with TB?
- Yes No Were you born in one of the countries listed below and arrived in the US within the past 5 years? (If yes, please **CIRCLE** the country).
- Yes No Have you ever traveled to/in one or more of the countries listed below? (If yes, please **CHECK** the country/ies).
- Yes No Have you ever been vaccinated with BCG?

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

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/>.

Student Signature: _____ Date: ____/____/____

Parent signature, if student is under 18 years old

Witness Signature: _____ Date: ____/____/____

FOR OFFICE USE:

Skin Test Placed By: _____

Skin Test Read By: _____

Date Placed	Left/Right Arm	Manufacturer	Lot # & Exp. Date	Result Date	Result
	Left Right				Positive Negative mm