Saint Xavier University Health Center

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TUBERCULOSIS (TB) RISK SCREENING QUESTIONNAIRE

Name____ D.O.B. ______/______/_______

Phone number (________)___________________________ □ Undergraduate Student □ Graduate Student

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you ever had close contact with persons known or suspected to have active TB disease? ☐ Yes ☐ No

2. Were you vaccinated with the BCG vaccine? ☐ Yes ☐ No ☐ Unsure

3. Were you born in one of the countries listed below? ☐ Yes ☐ No (If yes, please CIRCLE the country, below)

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rates of ≥ 20 cases per 100,000 population. http://apps.who.int/ghodata.

OVER →

3. Have you had frequent or prolonged visits to one or more of the countries (listed on page one) with a high prevalence of TB disease? (If yes, CHECK the countries, above) ☐ Yes ☐ No

4. Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, hospitals, and homeless shelters)? ☐ Yes ☐ No

5. Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease?
☐ Yes ☐ No

6. Have you ever been a member of any of the following groups that may have an increased incidence of latent tuberculosis infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol?
☐ Yes ☐ No

7. SYMPTOM CHECKLIST:

Have you experienced any of the following symptoms:	**Yes**	**No**
a. New, productive cough for more than 2 weeks	☐	☐
b. Coughing up blood	☐	☐
c. Loss of appetite lasting more than 2 weeks	☐	☐
d. Night sweats lasting more than a week	☐	☐
e. Fever and/or chills lasting more than one week	☐	☐
f. Unintentional weight loss over the past 2 months	☐	☐
g. Unusually/excessively tired over the past 3 weeks	☐	☐

THANK YOU! Once this form has been received by the Saint Xavier University Health Center it will be reviewed by one of our clinical staff. If further testing is indicated, you will be contacted at the phone number provided above.

I affirm that the information presented on this form is complete and accurate to the best of my knowledge.

Signature____ Date________________

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I certify that I have reviewed the above information and have determined that

☐ *No further testing is indicated* ☐ *Further testing is indicated*

*Clinician signature*______________________________________NP Date________________

Comments:

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