Tool for Institutional Use

Part I: <u>Tuberculosis (TB) Screening Questionnaire</u> (to be completed by incoming students)

Please answer the followi	ng questions:			
Have you ever had close o	contact with persons known (or suspected to have active	TB disease?	Yes No
Were you born in one of	the countries or territories list	ted below that have a high i	ncidence of active TB	Yes No
disease? (If yes, please CIF	RCLE the country, below)			
Afghanistan Albania Algeria Angola Anguilla Argentina Azerbaijan Bangladesh Belarus Belize Ben in Bhutan Bolivia (Plurinational State of) Bosnia and Herzegovina Botswana Brazil Brunei Darussalam Bulgaria Burkina Faso Burundi Cabo Verde Cambodia Cameroon Central African Republic Chad China China, Hong Kong SAR Colombia	Comoros Congo Cote d'Ivoire Democratic People's Republic of Korea Democratic Republic of the Congo Djibouti Dominican Republic Ecuador El Salvador Equatorial Guinea Eritrea eSwatini Ethiopia Fiji French- Polynesia Gabon Gambia Georgia Ghana Greenland Guam Guatemala 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 Malives Mali Marshall Islands Mauritania Mexico Micronesia (Federated States of) Mongolia Morocco Mozambique Myanmar	Namibia Nauru Nepal Nicaragua Niger Nigeria Niue 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 Sierra Leone Singapore Solomon Islands	Somalia South Africa South Sudan Sri Lanka Sudan Suriname Swaziland Tajikistan Tanzania (United Republic of) Thailand Timor-Leste Togo Tunisia Turkmenistan Tuvalu Uganda Ukraine Uruguay Uzbekistan Vanuatu Venezuela (Bolivaria Republic of) Viet Nam Yemen Zambia Zimbabwe
-	on Global Health Observatory, Tuber fer to http: <u>World Health Organizatio</u>		s with incidence rates of ≥ 20	cases per 100,000
·	prolonged visits* to one or m sease? (If yes, CHECK the cou			Yes No
Have you been a resident long-term care facilities, a	and/or employee of high-risk nd homeless shelters)?	congregate settings (e.g., o	correctional facilities,	Yes No
Have you been a voluntee TB disease?	r or health care worker who	served clients who are at in	creased risk for active	Yes No
•	ember of any of the following ection or active TB disease: n			Yes No
If the answer is YES	to any of the above questi	ons, [insert your college/u	niversity name] 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.

^{*} The significance of the travel exposure should be discussed with a health care provider and evaluated.