

WPI HEALTH SERVICES

PART I. Tuberculosis Screening Questionnaire

Name: _____ Date of Birth: _____ Cell Phone: _____

Email address: _____ Gender: _____

Please answer the following questions and then sign and data the bottom of this form:

- Have you ever had close contact with persons known or suspected to have active TB disease? Yes No
- Were you born in one of the countries listed below that have a high incidence of active TB disease? (If yes please CIRCLE the country, below) Yes No
- Have you had frequent or prolonged visits* to one or more of the countries listed below with a high prevalence of TB disease? (If yes, CHECK the countries, below) Yes No
- Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? Yes No
- Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease? Yes No
- Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol? Yes No

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

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

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

Signature: _____ Date: _____

If the answer is YES to any of the above questions, WPI requires that a Health Care Provider complete the Tuberculosis section of your Immunization Record. PART II. Clinical Assessment by Healthcare Provider and Part III Management of Positive TST or IGRA if applicable. PART II and PART III may be completed either by your provider or at WPI Health Services by appointment at the start of the semester.

If the answer to all of the above questions is NO, no further testing is required.