

# Tuberculosis Screening Questionnaire

Student Health Center



To be completed by student:

1. Have you ever had close contact with persons known or suspected to have active TB disease?  Yes  No
2. Were you born in one of the countries listed below?  Yes  No If "yes," please circle the country.
3. Have you had frequent or prolonged visits to one of the countries listed below?  Yes  No
4. Have you been a resident or employee of a correctional facility, homeless shelter, or long-term care facility?  Yes  No
5. Have you been a volunteer or health care worker who served clients who are at risk for active TB disease?  Yes  No
6. Have you ever been a member of any of the following groups:  
 medically underserved, low-income, or abusing drugs or alcohol?  Yes  No

*I acknowledge that the above information is true to the best of my knowledge.*

Print name \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date of birth \_\_\_\_\_

Afghanistan	Comoros	Indonesia	Myanmar	Singapore
Algeria	Congo	Iraq*	Namibia	Solomon Islands
Angola*	Cote d'Ivoire	Japan*	Nepal	Somalia
Argentina	Croatia	Kazakhstan	Nicaragua	South Africa
Armenia	DPR of Korea	Kenya	Niger*	Sri Lanka
Azerbaijan	DR of the Congo	Kiribati	Nigeria*	Sudan
Bahrain	Djibouti	Kuwait	Pakistan	Suriname*
Bangladesh	Dominican Republic	Kyrgyzstan	Palau*	Swaziland
Belarus	Ecuador	Laos	Panama	Syria
Belize	El Salvador	Latvia	Papua New Guinea	Tajikistan
Benin	Equatorial Guinea	Lesotho	Paraguay	Tanzania
Bhutan	Eritrea	Liberia	Peru	Thailand
Bolivia	Estonia	Libya	Philippines	Timor-Leste*
Bosnia and Herzegovina	Ethiopia*	Lithuania	Poland	Togo
Botswana	Fiji*	Macedonia*	Portugal	Tunisia
Brazil	Gabon	Madagascar	Qatar	Turkey*
Brunei	Gambia*	Malawi	Republic of Korea	Turkmenistan
Bulgaria	Georgia	Malaysia	Republic of Moldova	Tuvalu
Burkina Faso	Ghana*	Maldives	Romania	Uganda
Burundi	Guam*	Mali	Russian Federation	Ukraine
Cambodia	Guatemala	Marshall Islands	Rwanda	Uruguay
Cameroon	Guinea	Mauritania	Saint Vincent and the Grenadines	Uzbekistan
Cape Verde	Guinea-Bissau	Mauritius*	Sao Tome and Principe*	Vanuatu
Central African Republic	Guyana	Micronesia	Senegal*	Venezuela
Chad	Haiti	Mongolia	Seychelles*	Vietnam
China	Honduras	Morocco	Sierra Leone*	Yemen
Colombia	India	Mozambique		Zambia
				Zimbabwe

\*These countries do not administer the BCG at birth.

**PLEASE RETURN THIS FORM TO:**

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 Azusa Pacific University  
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