

**Briar Cliff University Health and Wellness Office  
TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE**

**Complete and return to [chargerhealth@briarcliff.edu](mailto:chargerhealth@briarcliff.edu)**

**Student's printed name:** \_\_\_\_\_ **Date of birth (mo/day/yr):** \_\_\_\_\_

Please answer the following questions:

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 or territories listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below.)  Yes  No

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence. Countries with average incidence rates of  $\geq 20$  cases per 100,000 population.

Have you resided in or traveled to one or more of the countries or territories listed above for a period of one to three months or more? (If yes, CHECK the countries or territories, above)  Yes  No

Have you been a resident, volunteer, 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

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

**If you answered YES to any of the above questions, Briar Cliff University requires you to receive TB testing before your first enrolled semester. COPIES OF ALL MEDICAL TESTING RESULTS MUST BE ATTACHED.**

**(Guidelines for Physicians)**

- If YES to any questions, students are a candidate for TB skin test or IGRA unless a previous positive test has been documented.
- Does the student have any signs or symptoms of active TB disease? No \_\_\_\_\_ Yes \_\_\_\_\_ (if yes, proceed with additional evaluation to exclude active TB disease including skin test, blood work-QuantIFERON Gold, CXR or sputum eval as indicated. History of BCG vaccine should not preclude testing of a high-risk group)
- TB skin test Date given: \_\_\_\_\_ Date read: \_\_\_\_\_ Interpretation: \_\_\_\_\_  
OR QuantIFERON Gold lab: Date \_\_\_\_\_ Results: Negative \_\_\_\_\_ Positive \_\_\_\_\_  
CXR report results required if history of positive TB skin test or IGRA. Results: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_ Treatment: \_\_\_\_\_

**Documents showing all testing, CXR results or treatments must be submitted to the health office for review prior to arrival on campus. If testing is indicated and not completed before arrival, student will be responsible for TB skin testing or QuantIFERON Gold test expenses as indicated.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_