

# TUBERCULOSIS RISK ASSESSMENT FORM

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ ID# \_\_\_\_\_

Country of Birth: \_\_\_\_\_ If not born in U.S., date of entry into the U.S. \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Have you ever had close contact with persons known or suspected of having active tuberculosis (TB)?  Yes  No

Were you born or have you lived or traveled for more than 30 days in one of the countries listed below that have a high incidence of active TB?  Yes  No

*(If yes, please circle the country below)*

## COUNTRIES WITH HIGH RATES OF TUBERCULOSIS:

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

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

Have you been a resident and/or employee of high risk congregate settings (e.g., correctional facilities, long-term care facilities or 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 the following groups that may have an increased incidence of latent tuberculosis infection or disease:  
 medically underserved, low-income, or abusing drugs or alcohol?  Yes  No

If you answered **YES** to any of the above questions, FSU requires that you receive TB testing. The Follow-up Form for Positive TB Assessment **MUST** be completed by your health care provider and returned to Brady Health Center (form is available at [www.frostburg.edu/brady/printableforms](http://www.frostburg.edu/brady/printableforms)). Contact Brady Health Center if you have any questions about this form.

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

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

Parent signature if student under age 18: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail, email or FAX form to the address listed at the top of the form.**