

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

 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.

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

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