

Name \_\_\_\_\_

**E. TUBERCULOSIS RISK QUESTIONNAIRE FOR ALL INCOMING STUDENTS  
(ALL HEALTH PROFESSIONAL STUDENTS TO COMPLETE FORM F)**

- |  | <b>YES</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|
| 1. Have you ever had a positive TB test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had close contact with anyone who was sick with TB?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years? *(If yes, please CIRCLE the country)          | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever traveled to or lived in one or more of the countries listed below for more than one month?**( If yes, please CHECK the country/ies) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been vaccinated with BCG? (Bacille Calmette-Guerin – Not given in the US)   | <input type="checkbox"/> | <input type="checkbox"/> |

*\*Future CDC updates may eliminate this 5 year time frame*

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

---

Afghanistan	Chad	Guyana	Marshall Islands	Philippines	Thailand
Algeria	China	Haiti	Mauritania	Poland	Timor-Leste
Angola	Colombia	Honduras	Mauritius	Portugal	Togo
Anguilla	Comoros	India	Mexico	Qatar	Tokelau
Argentina	Congo	Indonesia	Micronesia	Romania	Tonga
Armenia	Congo Dr	Iran	Moldova-Rep.	Russian Federation	Tunisia
Azerbaijan	Croatia	Iraq	Mongolia	Rwanda	Turkey
Bahamas	Djibouti	Japan	Montenegro	St. Vincent & The	Turkmenistan
Bangladesh	Dominican Republic	Kazakhstan	Morocco	Grenadines	Tuvalu
				Sao Tome &	
Belarus	Ecuador	Kenya	Mozambique	Principe	Uganda
Belize	Egypt	Kiribati	Myanmar	Saudi Arabia	Ukraine
					United Arab
Benin	El Salvador	Korea-DPR	Namibia	Senegal	Emirates
Bhutan	Equatorial Guinea	Korea-Republic	Nauru	Seychelles	United Kingdom
Bolivia	Eritrea	Kuwait	Nepal	Sierra Leone	Uruguay
Bosnia &	Estonia	Kyrgyzstan	New Caledonia	Singapore	Uzbekistan
Herzegovina	Ethiopia	Lao PDR	Nicaragua	Solomon Islands	Vanuatu
Botswana	Fiji	Latvia	Niger	Somalia	Venezuela
Brazil	French Polynesia	Lesotho	Nigeria	South Africa	Viet Nam
Brunei Darussalam	Gabon	Liberia	Niue	Spain	Wallis & Futuna
Bulgaria	Gambia	Lithuania	N. Mariana Islands	Sri Lanka	Islands
Burkina Faso	Georgia	Macedonia-TFYR	Pakistan	Sudan	W. Bank & Gaza
Burundi	Ghana	Madagascar	Palau	Suriname	Strip
Cambodia	Guam	Malawi	Panama	Syrian Arab Republic	Yemen
Cameroon	Guatemala	Malaysia	Papua New Guinea	Swaziland	Zambia
Cape Verde	Guinea	Maldives	Paraguay	Tajikistan	Zimbabwe
Central African Rep.	Guinea-Bissau	Mali	Peru	Tanzania-UR	

**If the answer is YES to any of the above questions,** MSOE requires that a health care provider complete a tuberculosis risk assessment. Please call Health Services at 414-277-7590 to schedule an appointment.

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

American College Health Association has published guidelines on tuberculosis screening of college and university students. These guidelines are based on recommendations from Centers for Disease Control and the American Thoracic Society. For more information, visit [www.acha.org](http://www.acha.org) or refer to the CDC's Core Curriculum on Tuberculosis available at the state health departments or at the following website: [www.cdc.gov/nchstp/tb/pubs/corecurr/](http://www.cdc.gov/nchstp/tb/pubs/corecurr/).