

Tuberculosis (TB) Screening Questionnaire

Name _____

Email _____

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Were you born in one of the countries listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country below.)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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

Source: WHO Global Tuberculosis Report 2017 – Incidence ≥ 20 cases/100,000.

Have you had frequent or prolonged visits* to one or more of the countries listed above with a high prevalence of TB disease? (If yes, CHECK the countries, above)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever been a member of any of the following groups that may have an increased incidence of latent <i>M. tuberculosis</i> infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If the answer is YES to any of the above questions, the University of Wisconsin Oshkosh requires that you receive TB testing by Interferon-gamma release assay (IGRA). Prior to or within the first 4 weeks of the start of your first semester.

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

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

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Documentation of a Tuberculosis **Interferon-gamma release assay (IGRA)** blood test is required of all international students who answer any "YES" response on the Tuberculosis Screening Questionnaire. Students who answer "YES" to any response must have an IGRA drawn in their home country with documentation on this form, or have the IGRA drawn when they come to the University of Wisconsin Oshkosh campus.

Name: _____ Birthdate: _____

Email address: _____

Interferon-Gamma Release Assay Test Results

Date of Interferon-gamma release assay test: _____

Results: _____ (attach copy of the laboratory report)

Health Care Provider Signature

Date

Student Health Center Provider Signature

Date Reviewed