

LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH	STUDENT ID NUMBER	

**Part I: Tuberculosis (TB) Screening Questionnaire for International Students**

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

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2012. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://apps.who.int/ghodata>.

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.)  Yes  No

Have you been a resident and/or employee of high-risk congregate settings such as correctional facilities, long-term care facilities, and/or homeless shelters?  Yes  No

Have you been a volunteer or healthcare 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 you have answered YES to any of the above questions**, Carthage College requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester. Please contact the Health and Counseling Center to schedule an appointment to determine next steps. **All students with TB symptoms or a positive TST or IGRA will be referred to the Kenosha County Department of Health for treatment.**

**If you have answered NO to ALL of the above questions**, no further testing or action is required.

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

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**Part II: TB Screening Clinical Assessment by Healthcare Provider**

History of BCG vaccine? Date: \_\_\_\_\_  Yes  No

History of positive TB skin test or IGRA blood test? Date: \_\_\_\_\_  Yes  No

**1. TB Symptom Check**

**Does the student have signs or symptom of active pulmonary tuberculosis disease?**  Yes  No

**If yes, check below:**

- Cough (especially if lasting for 3 weeks or longer) with or without sputum production
- Coughing up blood (hemoptysis)
- Chest pain
- Loss of appetite
- Night sweats
- Unexplained weight loss
- Fever

**2. Tuberculin Skin Test (TST)**

This test must be completed within the last 6 months in the USA. If test is positive, a chest x-ray will be required. Please provide results of x-ray.

#1 \_\_\_\_\_  Negative  Positive \_\_\_\_\_ mm induration

**3. Interferon Gamma Release Assay (IGRA)**

Date: \_\_\_\_\_  QFT-GIT  T-Spot  Results Attached

**All students with TB symptoms or a positive TST or IGRA will be referred to the Kenosha County Department of Health for treatment.**

\_\_\_\_\_  
Healthcare Professional Signature

\_\_\_\_\_  
Date