



**Tuberculosis (TB) Screening Questions**

- Yes  No      Have you ever had close contact with persons known or suspected to have active TB disease?
- Yes  No      Have you ever had close contact with anyone who was sick with TB?
- Yes  No      Were you born outside of the United States? If yes, please CIRCLE the country below:

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

*\*High-burden TB countries are countries with TB incidence rates of ≥ 20 cases per 100,000 population. High-burden country data obtained from 2023 WHO Global Tuberculosis Report and reflects 2022 data.*

- Yes  No      Have you had frequent or prolonged visits\* to one or more of the countries/territories above with a high prevalence of TB disease? (If yes, CHECK the countries/territories). *\*The significance of the travel exposure should be discussed with a health care provider and evaluated.*
- Yes  No      Have you been a resident, volunteer, and/or employee of any high-risk congregate settings (e.g., correctional facilities, long-term care facilities, 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 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?

**IF THE ANSWER TO ALL QUESTIONS ABOVE IS NO, NO FURTHER TESTING OR ACTION IS REQUIRED.**

**IF THE ANSWER IS YES TO ANY OF THE ABOVE QUESTIONS**

Roberts Wesleyan University requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester. If you have already had a TB test done, please provide supporting medical documentation of the results and/or chest x-ray.

**If you have had any other testing or have been treated for TB, please contact the Wellness Center at (585) 594-6360 for instruction.**

\_\_\_\_\_  
Signature of student (or parent/guardian if less than 18)

\_\_\_\_\_  
Date