

**Colgate University Student Health Service  
Tuberculosis (TB) Screening Questionnaire**

**Part I To be completed by incoming students.**

Student Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
(PLEASE PRINT) Last Name First Name M.I.

**A) Have you had a previous positive TB Skin Test or IGRA Blood Test?**  No **If No Proceed to Part B**

Yes If yes, circle the test you had (TB Skin Test or IGRA Blood Test) and provide the following:  
Date \_\_\_\_\_ Result \_\_\_\_\_ Date and Result of Chest X-Ray \_\_\_\_\_  
What treatment, if any, was started and when \_\_\_\_\_

**B) 1. Have you ever had close contact with persons known or suspected to have active TB disease?**  No  Yes

**2. 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)  No  Yes

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

**3. Have you had frequent or prolonged visits\* (more than 4 weeks) to one or more of the countries listed above with a high prevalence of TB disease?** (If yes, **CHECK** the countries, above)  No  Yes

**4. Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease (e.g., hospital, nursing home, or health clinic)?**  No  Yes

**5. Have you been a resident, employee, or volunteer at high-risk congregate settings (e.g., correctional facilities, long-term care facilities and homeless shelters)?**  No  Yes

**If the answer is YES to any of the above 5 questions, Colgate University requires that your Health Care Provider must complete Part II. See Part II (next page).**

**If the answer to all of the above 5 questions is NO and you were not born or traveled to a country listed above, no further testing or action is required and you do not need to have your Health Care Provider complete Part II.**

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

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

