

Duquesne University Health Services
Annual Tuberculosis (TB) Screening Questionnaire

Name: _____

DOB: _____

Country of Birth: _____

Please answer the following questions.

Are you currently in the USA? Yes No

If yes, What date did you arrive? _____ *If no, What date do you plan to arrive? _____*

Have you ever had close contact with persons known or suspected to have active TB disease? Yes No

Did you spend more than 30 days in one of the countries or territories listed below? Yes No

If yes, please write the country, _____. If yes, what date(s)_____.

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

Have you been a resident, volunteer, and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and 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 using drugs or alcohol? Yes No

History of BCG vaccination? Yes No Unsure

Do you CURRENTLY have any of the following symptoms:

Persistent cough > 3 weeks Yes No

Coughing up blood Yes No

Chest pain Yes No

Loss of appetite Yes No

Unexplained weight loss Yes No

Night sweats Yes No

Fever Yes No

History of a positive TB test? Yes No Unsure

If yes, provide the date and a copy of the results. _____

I am aware that misrepresentation of health information may result in dismissal from the program. I declare that my answers and statements are correctly recorded, complete, and true to the best of my knowledge.

Signature _____

Date _____

Print Name _____

Student ID# _____