## SUNY Oswego Mary Walker Health Center

## Part I: <u>Tuberculosis (TB) Screening Questionnaire</u> (to be completed by incoming students)

Name:		DOB:	ID#		
Please answer the followin	g questions:				
Have you ever had close co	ontact with persons known or	r suspected to have active	ΓB disease?	☐ Yes	□ No
Were you born in one of the countries or territories listed below that have a high incidence of active TB			☐ Yes	☐ No	
disease? (If yes, please CII	RCLE the country, below)				
Afghanistan Algeria Angola Anguilla Argentina Armenia Azerbaijan Bangladesh Belarus Belize Benin Bhutan Bolivia (Plurinational State of) Bosnia and Herzegovina Botswana Brazil Brunei Darussalam Bulgaria Burkina Faso Burundi Cabo Verde Cambodia Cameroon Central African Republic Chad China China, Hong Kong SAR China, Macao SAR Colombia	Comoros Congo Côte d'Ivoire Democratic People's Republic of Korea Democratic Republic of the Congo Djibouti Dominican Republic Ecuador El Salvador Equatorial Guinea Eritrea Ethiopia Fiji Gabon Gambia Georgia Ghana Greenland Guam Guatemala Guinea Guinea Guinea Guinea Guinea Guyana Haiti Honduras India Indonesia	Iraq Kazakhstan Kenya Kiribati Kuwait Kyrgyzstan Lao People's Democratic Republic Latvia Lesotho Liberia Libya Lithuania Madagascar Malawi Malaysia Maldives Mali Marshall Islands Mauritania Mauritius Mexico Micronesia (Federated States of) Mongolia Montenegro Morocco Mozambique Myanmar	Namibia Nauru Nepal New Caledonia Nicaragua Niger Nigeria Northern Mariana Islands Pakistan Palau Panama Papua New Guinea Paraguay Peru Philippines Portugal Qatar Republic of Korea Republic of Moldova Romania Russian Federation Rwanda Sao Tome and Principe Senegal Serbia Sierra Leone Singapore Solomon Islands	Somalia South Africa South Sudan Sri Lanka Sudan Suriname Swaziland Syrian Arab l Tajikistan Tanzania (Ur Republic or Thailand Timor-Leste Togo Tunisia Turkmenistar Tuvalu Uganda Ukraine Uruguay Uzbekistan Vanuatu Venezuela (E Republic or Viet Nam Yemen Zambia Zimbabwe	Republic nited f) n
	ion Global Health Observatory, Tu refer to <u>http://www.who.int/tb/coun</u>		ntries with incidence rates of≥	≥ 20 cases per 1	00,000
	orolonged visits* to one or m sease? (If yes, CHECK the c			☐ Yes	□ 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)?				☐ 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
	mber of any of the following tion or active TB disease: me			☐ Yes	□ No

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

If the answer is YES to any of the above questions, SUNY Oswego Health Center requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester). If you have received treatment for previous positive testing-you are required to show documentation of start and end dates of treatment received.

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