

Student Health & Wellness University of Iowa 4189 Westlawn Iowa City, IA 52242	Name _____ Address _____ _____ University ID _____
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Tuberculosis (TB) Screening and Testing Questionnaire

	CIRCLE ANSWERS	
1. How old are you? _____		
2. Have you ever had a vaccine to prevent tuberculosis (BCG vaccine)? (Usually given as infant or child. You may have scar on your arm from the vaccine)	NO	YES UNKNOWN
3. Have you ever had a positive/reactive TB skin test?	NO	YES; date:
4. Have you ever had a positive/reactive TB IGRA blood test?	NO	YES; date:
5. Have you ever been told you have TB?	NO	YES; date:
6. Have you ever been treated for either active or latent TB?	NO	YES; date:
7. Have you ever had a chest X-ray which showed tuberculosis?	NO	YES; date:
8. Do you have any chronic illnesses (for example: diabetes, asthma, ulcerative colitis, Crohn's disease, rheumatoid arthritis, lupus, leukemia, lymphoma, chronic renal failure)? Please circle the illnesses	NO	YES
9. Have you ever been diagnosed with or treated for cancer?	NO	YES
10. Have you ever been diagnosed with AIDS, tested positive for HIV, used illegal injectable drugs, or shared needles with anyone?	NO	YES
11. Do you take any medications that make your immune system weak such as TNF-alpha blocker (Enbrel, Remicade) or steroids (prednisone >15 mg per day for > 1 month)? List the medications here:	NO	YES
12. Were you born or have you lived in a country that has a high incidence of active tuberculosis disease? (see list provided) Please write the country name(s):	NO	YES
13. What countries have you traveled to in the last 2 years? Please write the country name(s)	NO	YES
14. Have you ever lived with someone known or suspected to have active TB?	NO	YES
15. Have you received any of these live vaccinations in the past 4 weeks? Flumist , MMR, oral Typhoid, Varicella (Chicken Pox), Yellow fever (Circle the vaccines)	NO	YES
16. Do you have allergies to latex, medications, or any vaccine? List the allergies here:	NO	YES
17. Have you ever lost your balance or fainted from having blood drawn?	NO	YES
CONTINUED ON OTHER SIDE OF THIS PAGE		

Tuberculosis (TB) Screening and Testing Questionnaire Page 2

18. Do you have any of the following symptoms that are sometimes symptoms of tuberculosis:		
<input type="radio"/> Chest pain	NO	YES
<input type="radio"/> Cough that has lasted for 3 weeks or longer?	NO	YES
<input type="radio"/> Coughing up blood	NO	YES
<input type="radio"/> Fever	NO	YES
<input type="radio"/> Loss of appetite	NO	YES
<input type="radio"/> Night sweats	NO	YES
<input type="radio"/> Unexplained weight loss	NO	YES
Student Signature _____ Date _____ Telephone number: _____ Email address: _____ (Please print legibly)		

STAFF USE ONLY <input type="checkbox"/> International student <input type="checkbox"/> Health science student <input type="checkbox"/> Employment requirement <input type="checkbox"/> Status post international travel <input type="checkbox"/> Other _____	Staff Printed Name: _____ Date: _____	
<input type="checkbox"/> T-spot <input type="checkbox"/> QFT-G <input type="checkbox"/> TST placed on _____ @ _____ <input type="checkbox"/> Manufacturer <input type="checkbox"/> Lot number	Legal Name _____ University ID # _____ Birth Date: Day_____/Month_____/Year_____ Address _____	
	Place label here:	

List of Countries Divided by “High” and “Low” TB Incidence Rates

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

“Low Incidence” Areas (TB incidence rates < 20 cases/100,000 population in 2012)

Albania	Cook Islands	Germany	Lebanon	Norway	Spain
Andorra	Costa Rica	Greece	Luxembourg	Oman	Sweden
Antigua and Barbuda	Croatia	Grenada	Macedonia, Yugoslav Republic of	Samoa	Switzerland
Australia	Cuba	Hungary	Malta	Saint Kitts and Nevis	Syrian Arab Republic
Austria	Cyprus	Iceland	Monaco	Saint Lucia	Tonga
Bahamas	Czech Republic	Ireland	Montenegro	Samoa	United Arab Emirates
Barbados	Denmark	Israel	Netherlands	San Marino	United Kingdom
Belgium	Dominica	Italy	New Zealand	Saudi Arabia	United States
Canada	Egypt	Jamaica		Slovakia	
Chile	Finland	Japan		Slovenia	
	France	Jordan			

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2012. For future updates, refer to <http://apps.who.int/ghodata>.