



TUBERCULOSIS RISK QUESTIONNAIRE

To be completed by student and reviewed by Health Care Provider.

Dean College Health Services
99 Main Street
Franklin, MA 02038
Tel: 508 541-1600
Fax: 508 541-1925

Student Name _____ Date of Birth _____
Last First MI

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. To the best of your knowledge have you ever had close contact with anyone who was sick with tuberculosis (TB)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were you born in one of the countries listed below? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you traveled or lived for more than one month in one or more of the countries listed below? | <input type="checkbox"/> | <input type="checkbox"/> |

COUNTRIES WITH HIGH RATES OF TUBERCULOSIS (TB)*

* World Health Organization. Global tuberculosis control. WHO report 2002.

Afghanistan	Colombia	India	Moldova, Rep.	Senegal
Angola	Comoros	Indonesia	Mongolia	Sierra Leone
Armenia	Congo	Iran	Morocco	Solomon Islands
Azerbaijan	Congo, DR	Iraq	Mozambique	Somalia
Bahamas	Cote d'Ivoire	Kazakhstan	Myanmar	South Africa
Bahrain	Croatia	Kenya	Namibia	Sri Lanka
Bangladesh	Djibouti	Kiribati	Nepal	Sudan
Belarus	Dominican Rep.	Korea, DPR	New Caledonia	Suriname
Benin	Ecuador	Korea, Rep.	Nicaragua	Swaziland
Bhutan	El Salvador	Kyrgyzstan	Niger	Syrian Arab Rep.
Bolivia	Equatorial Guinea	Lao PDR	Nigeria	Tajikistan
Bosnia & Herzegovina	Eritrea	Latvia	Niue	Tanzania, UR
Botswana	Estonia	Lesotho	Northern Mariana Islands	Thailand
Brazil	Ethiopia	Liberia	Pakistan	Togo
Brunei Darussalam	Gabon	Lithuania	Palau	Tokelau
Burkina Faso	Gambia	Macedonia, TFYR	Panama	Turkmenistan
Burundi	Georgia	Madagascar	Papua New Guinea	Uganda
Cambodia	Ghana	Malawi	Paraguay	Ukraine
Cameroon	Guam	Malaysia	Peru	Uzbekistan
Cape Verde	Guatemala	Maldives	Philippines	Vanuatu
Central African Rep.	Guinea	Mali	Portugal	Vietnam
Chad	Guinea-Bissau	Marshall Islands	Romania	Yemen
China	Guyana	Mauritania	Russian Federation	Zambia
China, Hong Kong SAR	Haiti	Mauritius	Rwanda	Zimbabwe
China, Macao SAR	Honduras	Micronesia	Sao Tome & Principe	

- If you answered **YES** to any of the above questions, you are considered **"high-risk"** and are required to submit documentation of recent PPD testing on the **Certificate of Immunization** form. PPD testing should within the last 12 months.
- If you answered **NO** to all of the above questions, then you are considered **"low-risk"** and a tuberculin skin test is **NOT** required.

If the Mantoux PPD test is positive ($\geq 10\text{mm}$), you must submit a copy of a chest x-ray report in English dated within the last 6 months.

Please note: If you have had a positive tuberculin skin test in the past, you do not need another test. Please note prior treatment completed.