College of the Holy Cross Health Services Tuberculosis Screening Questionnaire

Name: ____________________________ DOB: __________

Cell Phone: __________________ email: ______________________

Afghanistan Cote d'Ivoire Kuwait Pakistan Swaziland
Algeria Dem. People's Rep. of Korea Kyrgyzstan Palau Tajikistan
Argentina Djibouti Latvia Papua New Guinea Timor-Leste
Armenia Dominican Republic Lesotho Paraguay Togo
Azerbaijan Ecuador Liberia Peru Trinidad and Tobago
Bahrein El Salvador Libya Philippines Tunisia
Bangladesh Equatorial Guinea Lithuania Poland Turkey
Belarus Eritrea Madagascar Portugal Turkmenistan
Belize Estonia Malawi Qatar Tuvalu
Benin Ethiopia Malaysia Rep. of Korea Uganda
Bhutan Fiji Maldives Romania United Rep. of Tanzania
Bolivia Gabon Mali Russian Federation Uruguay
Bosnia and Herzegovina Gambia Marshall Islands Rwanda Uzbekistan
Botswana Georgia Mauritania St. Vincent and the Grenadines Vanuatu
Brazil Ghana Mauritius Sao Tome and Principe Venezuela
Brunei Darussalem Guatemala Mexico Senegal Vietnam
Bulgaria Guinea Micronesia Serbia Yemen
Burkina Faso Guinea-Bissau Mongolia Seychelles Zambia
Burundi Guyana Morocco Sierra Leone Zimbabwe
Cabo Verde Haiti Mozambique
Cambodia Honduras Myanmar Singapore
Cameroon India Namibia Solomon Islands
Central African Republic Indonesia Nauru Somalia
Chad Iran Nepal South Africa
China Iraq Nicaragua South Sudan
Colombia Kazakhstan Niger Sri Lanka
Comoros Kenya Nigeria Sudan
Congo Kiribati Niue Suriname

Please answer the following questions:

1. Have you ever had close contact with persons known or suspected to have active Tb? Yes _____ No_____
2. Were you born in one of the countries listed above? If yes, please circle country. Yes _____ No_____
3. Have you had frequent or prolonged visits to one or more of the countries listed above? Yes _____ No_____
   If yes, please circle country.
4. 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_____
5. Have you been a volunteer or healthcare worker who served clients who are at
   Increased risk for active Tb disease? Yes _____ No_____
6. Have you ever been a member of any of the following groups: medically underserved,
   Low-income or abusing drugs or alcohol? Yes _____ No_____

If the answer is Yes to any of the above questions, Holy Cross requires that a Healthcare Provider
speak with you regarding the possibility of Tb testing. If the answer is no to all, no further action is needed.

Signature: _______________________________ Date: __________________