TUBERCULOSIS SCREENING QUESTIONNAIRE



Return this form to: Pacific Union College Health Services One Angwin Avenue Angwin, CA 94508 Attn: Health Services

Phone (707) 965-6339 Fax (707) 965-6243

Last	First	Middle
Date:		
Please answer the following	questions:	
Have you ever been in close contact	with a person known or suspected to h	ave active TB disease?
Yes No		
Were you born in one of the countri	es listed below that have a high inciden	ce of active TB disease?
Yes (Please circle)	0	
Afghanistan	Ghana	Peru
Algeria	Guam	Philippines
Angola	Guatemala	Poland
Argentina	Guinea	Portugal
Armenia	Guinea-Bissau	Qatar
Azerbaijan	Guyana	Republic of Korea
Bahrain	Haiti	Republic Of Moldova
Bangladesh	Honduras	Romania
Belarus	India	Russian Federation
Belize	Indonesia	Rwanda
Benin	Iraq	St. Vincent/Grenadines
Bhutan	Japan	Sao Tome and Principe
Bolivia	Kazakhstan	Senegal
Bosnia and Herzegovina	Kenya	Seychelles
Botswana	Kiribati	Sierra Leone
Brazil	Kuwait	Singapore
Brunei Darussalam	Kyrgyzstan	Solomon Islands
Bulgaria	Lao People's Democratic Republic	Somalia
Burkina Faso	Latvia	South Africa
Burundi	Lesotho	Sri Lanka
Cambodia	Liberia	Sudan
Cameroon	Libyan Arab Jamahiriya	Suriname
Cape Verde	Lithuania	Swaziland
Central African Republic	Madagascar	Syrian Arab Republic
Chad	Malawi	Tajikistan
China	Malaysia	Thailand
Colombia	Maldives	Timor-Leste
Comoros	Mali	Togo
Congo	Marshall Islands	Tunisia
Cote d'Ivoire	Mauritania	Turkey
Croatia	Mauritius	Turkmenistan
Democratic People's Republic of	Micronesia (Federal State)	Tuvalu
Korea	Mongolia	Uganda
Democratic Republic of the Congo		Ukraine
Djibouti	Mozambique	United Republic of Tanzania
Dominican Republic	Myanmar	Uruguay
Ecuador	Namibia	Uzbekistan
El Salvador	Nepal	Venezuela (Bolivarian Republic
Equatorial Guinea	Nicaragua	Viet Nam
Eritrea	Niger	Yemen
Estonia	Nigeria	Former Yugoslav Republic of
Ethiopia	Pakistan	Macedonia
Fiji	Palau	Zambia
Gabon	Panama	Zimbabwe
Gambia	Papua New Guinea	
Georgia	Paraguay	
Georgia	I drugud)	



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esident and/or employee of high-risk congregate settings (i.e. correctional facilities, long-term nomeless shelters)? To plunteer or health care worker who served clients who are at high-risk for active TB disease? To a member of any of the following groups that may have an increased incidence of latent ection or active TB (medical undeserved, low income, or individuals abusing drugs and/or resistent cough for longer than three weeks? To unexplained or unintentional weight loss?
To columteer or health care worker who served clients who are at high-risk for active TB disease; to a member of any of the following groups that may have an increased incidence of latent ection or active TB (medical undeserved, low income, or individuals abusing drugs and/or loosestent cough for longer than three weeks?
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To rsistent cough for longer than three weeks? To
rsistent cough for longer than three weeks?
rsistent cough for longer than three weeks?
lo .
unexplained or unintentional weight loss?
lo .
s of appetite?
lo
ver for the three or more days?
lo
night drenched in sweat?
lo
ip blood or blood tinged sputum/spit?
lo
outside the United States or have you recently moved to the U.S.?
lo
tuberculosis or within the last year been exposed to tuberculosis and/or had a positive Tube
lo .
ompromised or have you ever received treatment for tuberculosis?
lo
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