

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Have you ever had close contact with persons known or suspected to have active TB disease? Yes No
 Were you born in one of the countries listed below that have a high incidence of active TB disease? Yes No
 If yes, please CIRCLE the country below.

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

(Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2012. Countries with incidence rates of ≥ 20 cases per 100,000 population.)

Have you had frequent or prolonged visits to one or more of the countries listed above with a high prevalence of TB disease? Yes No
 If yes, CHECK the countries above.
 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
 Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol? Yes No

If the answer is YES to any of the above questions, you must do ONE of the following:

- **Call the Student Health Center (SHC) at (323) 343-3302 to schedule an appointment for TB testing and clearance as soon as possible. Please bring this form to your appointment.**
- **Obtain TB clearance from your own private medical provider or a community clinic. The Tuberculosis Verification form must be completed and submitted to the SHC as soon as possible. The form is available from Housing Services or the SHC's website.**

If the answer is NO to all of the above questions, no further assessment or testing is required. Please submit this form to the Student Health Center in person, by mail (Cal State L.A. Student Health Center, 5151 State University Drive, Los Angeles, CA 90032), or by fax at (323) 343-6557.


By my signature below, I am authorizing the Student Health Center to release personal health information related to my TB clearance to the Cal State L.A. Housing Department.

 Student's Signature OR Parent/Guardian's Signature (if student is under age 18)

 Date

 Print Student's Last Name, First Name

 CIN

 <p>California State University, Los Angeles STUDENT HEALTH CENTER</p> <p>TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE</p>	<p>THIS SECTION FOR STUDENT HEALTH CENTER USE ONLY</p>
	<p>Last Name _____</p>
	<p>First _____</p>
	<p>CIN _____</p>