**Tuberculosis (TB) Screening Questionnaire**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 or territories listed below that have a high incidence of active TB disease? (If yes, please **CIRCLE** the country below.) | □ | Yes | □ | No |

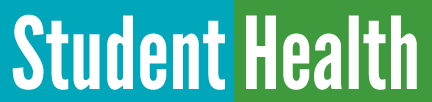
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| --- | --- | --- | --- | --- |
| Afghanistan | China, Macao SAR | Haiti | Mozambique | Solomon Islands |
| Algeria | Colombia | Honduras | Myanmar | Somalia |
| Angola | Comoros | India | Nambia | South Africa |
| Anguilla | Congo | Indonesia | Nauru | South Sudan |
| Argentina | Democratic People’s | Iraq | Nepal | Sri Lanka |
| Armenia | Republic of Korea | Kazakhstan | Nicaragua | Sudan |
| Azerbaijan | Democratic Republic | Kenya | Niger | Suriname |
| Bangladesh | of the Congo | Kiribati | Nigeria | Tajikistan |
| Belarus | Djibouti | Kuwait | Niue | Thailand |
| Belize | Dominica | Lao People’s | Northern Mariana | Timor-Leste |
| Benin | Dominican Republic | Democratic Rep. | Islands | Tokelau |
| Bhutan | Ecuador | Latvia | Pakistan | Togo |
| Bolivia (Plurinational | El Salvador | Lesotho | Palau | Tunisia |
| State of) | Equatorial Guinea | Liberia | Panama | Turkmenistan |
| Bosnia and Herzegovina | Eritrea | Libya | Papua New Guinea | Tuvalu |
| Botswana | Eswatini | Lithuania | Paraguay | Uganda |
| Brazil | Fiji | Madagascar | Peru | Ukraine |
| Brunei Darussalam | French Polynesia | Malawi | Philippines | United Republic of |
| Bulgaria | Gabon | Malaysia | Qatar | Tanzania |
| Burkina Faso | Gambia | Maldives | Republic of Korea | Uruguay |
| Burundi | Georgia | Mali | Republic of Moldova | Uzbekistan |
| Cote d’Ivoire | Ghana | Malta | Romania | Vanuatu |
| Cabo Verde | Greenland | Marshall Islands | Russian Federation | Venezuela |
| Cambodia | Guam | Mauritania | Rwanda | (Bolivarian Republic of) |
| Central African Republic | Guatemala | Mexico | Sao Tome and Principe | Viet Nam |
| Chad | Guinea | Mirconesia | Senegal | Yemen |
| China | Guinea-Bissau | Mongolia | Sierra Leone | Zambia |
| China, Hong Kong SAR | Guyana | Morocco | Singapore | Zimbabwe |
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*Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2020. Countries with incidence rates of >/= 20 cases per 100,000 population.*

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| --- | --- | --- | --- | --- |
| Have you had frequent or prolonged visits\* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, **CHECK** the countries or territories, above) | □ | Yes | □ | No |
| Have you been a resident, volunteer 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**, the University of Wisconsin Oshkosh requires that you receive TB testing by Interferon-gamma release assay (IGRA) prior to or within the first 4 weeks of the start of your first semester.  **If the answer to all of the above questions is NO**, no further testing or further action is required.  *\* The significance of the travel exposure should be discussed with a health care provider and evaluated.* | | | | |

Revised 11/2019, 5/2022



 Tuberculosis Screening Report Form

*UW Oshkosh Student Health* ***▪*** *Radford Hall* ***▪*** *777 Algoma Blvd.* ***▪*** *920.424.2424* ***▪*** [*studenthealth@uwosh.edu*](mailto:studenthealth@uwosh.edu)

Documentation of a Tuberculosis Interferon-gamma release assay (IGRA) blood test is required of all international students who answer any “YES” response on the Tuberculosis Screening Questionnaire. Students who answer “YES” to any response must have an IGRA drawn in their home country with documentation on this form, or have the IGRA drawn when they come to the University of Wisconsin Oshkosh campus.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Health Care Provider Signature

Results: (attach copy of the laboratory report)

Date of Interferon-gamma release assay test:

Interferon-Gamma Release Assay Test Results

Student Health Center Provider Signature Date Reviewed