

## TUBERCULOSIS SCREENING QUESTIONNAIRE

Please answer the following questions on the Student Health Portal – wesleyan.medicatconnect.com

1. Have you ever had close contact or lived with a person known or suspected to have active TB disease?  Yes  No
2. Were you born in or have you lived, traveled or worked for more than one month in one of the countries listed below? **If YES, please indicate countries below.**  Yes  No
3. Have you ever lived, worked or volunteered in a homeless shelter, prison or health care facility?  Yes  No
4. Have you had a cough  $\geq$  3 weeks, fever, night sweats, unexplained fatigue or weight loss?  Yes  No
5. Are you receiving immunosuppressive therapy such as TNF-alpha antagonists, systemic corticosteroids  $\geq$  15 mg of Prednisone daily or other immunosuppressive drug therapy following organ transplantation?  Yes  No
6. Do you have a history of HIV/AIDS, diabetes, cancer, kidney disease or an immune disorder?  Yes  No
7. Have you ever had a BCG vaccine? **If YES, TB blood test recommended.**  Yes  No
8. Have you ever had a positive tuberculosis skin or blood test? **If YES, have your practitioner complete Chest X-Ray and medication treatment sections on the TUBERCULOSIS TESTING FORM.**  Yes  No

### COUNTRIES WITH HIGH RATES OF TUBERCULOSIS (TB)

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Afghanistan	Central African Republic	Georgia	Lithuania	Panama	Tajikistan
Algeria	Chad	Ghana	Madagascar	Papua New Guinea	Thailand
Angola	China	Greenland	Malawi	Paraguay	Timor-Leste
Anguilla	China, Hong Kong	Guam	Malaysia	Peru	Togo
Argentina	China, Macao	Guatemala	Maldives	Philippines	Tokelau
Armenia	Columbia	Guinea	Mali	Qatar	Tunisia
Azerbaijan	Comoros	Guinea-Bissau	Marshall Islands	Republic of Korea	Turkmenistan
Bangladesh	Congo	Guyana	Mauritania	Republic of Moldova	Tuvalu
Belarus	Côte d'Ivoire	Haiti	Mexico	Romania	Uganda
Belize	Democratic People's Republic of Korea	Honduras	Micronesia (Federated States of)	Russian Federation	Ukraine
Benin	Democratic Republic of the Congo	India	Mongolia	Rwanda	United Rep. of Tanzania
Bhutan	Djibouti	Indonesia	Morocco	Sao Tome & Principe	Uruguay
Bolivia	Dominican Republic	Iraq	Mozambique	Senegal	Uzbekistan
Bosnia & Herzegovina	Ecuador	Kazakhstan	Myanmar	Sierra Leone	Vanuatu
Botswana	El Salvador	Kenya	Namibia	Singapore	Venezuela
Brazil	Equatorial Guinea	Kiribati	Nauru	Solomon Islands	Viet Nam
Brunei Darussalam	Eritrea	Kuwait	Nepal	Somalia	Yemen
Bulgaria	Eswatini	Kyrgyzstan	Nicaragua	South Africa	Zambia
Burkina Faso	Ethiopia	Lao People's Dem. Rep.	Niger	South Sudan	Zimbabwe
Burundi	Fiji	Latvia	Nigeria	Sri Lanka	
Cabo Verde	French Polynesia	Lesotho	N. Mariana Islands	Sudan	
Cambodia	Gabon	Liberia	Pakistan	Suriname	
Cameroon	Gambia	Libya	Palau	Taiwan	

If you answer NO to all questions, no further action is required. **If you answer YES to any questions above, Wesleyan University requires that your provider complete the TB Testing Form. No exemptions for students with a prior history of BCG.** If you have received BCG in the past, a TB blood test is preferred; however, a TB skin test is an acceptable alternative.