

TUBERCULOSIS SCREENING FORM

Tuberculosis screening is required of all students, based upon guidelines of the American College Health Association (<https://www.acha.org/>) and the U.S. Centers for Disease Control (<https://www.cdc.gov/tb/>)

Section A: This section is to be completed by the student or parent/guardian

Name: (last) _____ (first) _____	
Barnard Uni: _____	Cell phone #: _____
I will reside on campus (circle one): Yes No	Date of Birth: / /

Section B: To be completed by the student or parent/guardian. Please circle "yes" or "no" for each question

1. Have you ever had close contact with persons known or suspected to have active TB disease?	YES	NO
2. Were you born in one of the countries listed below? If yes, write here: _____	YES	NO
3. Have you had any frequent (every year or more often) OR a prolonged visit (30 days or more) to one or more of the countries listed below? If yes, write here: _____ _____	YES	NO
4. 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
5. Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?	YES	NO
6. Have you 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 you answered **NO** to ALL of the above questions, you are **NOT REQUIRED** to submit a TB test and should upload this page only into Open Communicator. If **'YES'** to ANY question above, please complete page 6 and upload both completed pages.

I verify that the information provided by me on this form is true.

Student's signature (or parent/legal guardian if the student is a minor)

Date

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

STUDENT NAME _____ **DOB** ____/____/____ **5**