

HEALTH CARE PROVIDER INFORMATION:

Name of Student: _____ Date of Birth: _____

TUBERCULOSIS (TB) RISK ASSESSMENT (to be completed by student)

Please answer the following questions

1. Have you ever had close contact with persons known Yes or suspected to have active TB disease? No
2. 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 below)? Yes No

Afghanistan	Central African	Gambia
Algeria	Republic	Geor
Angola	Chad	
Anguilla	China	
Argentina	China, HongKong	
Armenia	SAR	
Azerbaijan	China, Macao SAR	
Bangladesh	Colombia	
Belarus	Comoros	
Belize	Congo	
Benin	Côte d'Ivoire	
Bhutan	Democrat c People's	
Bolivia (Plurinational	Republic of Korea	
State of)	Democrat c	
Bosnia and	Republic of the	
Herzegovina	Congo	
Botswana	Djibout	
Brazil	Dominican Republic	
Brunei	Ecuador	
Darussalam	El Salvador	
Bulgaria	Equatorial Guinea	
Burkina	Eritrea	
Faso	Estonia	
Burundi	Ethiopia	
Cabo Verde	Fiji	
Cambodia	French Polynesia	
Cameroon	Gabon	

3 Have you had frequent or prolonged visits* to one or more of the countries or Yes