## HEALTH CARE PROVIDER INFORMATION:

Name of Student:			Date of Birth:		
TUBERCULOSIS (TB) RISK ASSESSIVENT (to be completed by student)					
Please answer the fo	bllowingquest ons				
1. Have you ever had dose contact with personsknown			Yes or suspected to have act ve TB disease? No		
-	ne of the countries or to moe of act ve TB diseas			Yes	No
Afghanistan Algeria Angola Anguilla Argent na Argent na Azerbaijan Bangladesh Belize Benin Belize Benin Bhutan Bolivia (Plurinat State of) Bosnia and Herzegovina Botsvana Brazil	Central African Republic Chad China China, HongKong SAR China, HongKong SAR Colombia Comoros Congo Côte of Ivoire Democrat c Republicof Korea Democrat c Republicof the Congo Djibout Dominican Republic	Gambia Geor			
Brunei Darussalam Bulgaria Burkina Faso Burundi Cabo Verde Cambodia Cameroon	Ecuador El Salvador Equatorial Guinea Eritrea Estoria Ethiopia Fiji French Polynesia Gabon				