

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