LEHIGH UNIVERSITY HEALTH & WELLNESS CENTER/ BETHLEHEM HEALTH BUREAU
TUBERCULOSIS (TB) SCREENING FORM

First Name _______________________________ Last Name _______________________________

Student ID# ______________________________

Cell Phone _______________________________ E-mail___________________________________________

Date of Birth _____________________________ Country of Birth___________________________________

____Undergraduate  _____Graduate  _____ESL  _____Other

________________________________________________________________________________________

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you ever had a positive TB (Tuberculosis) skin test (PPD)?
   □ Yes  □ No

2. Have you ever had a positive TB blood test (Quantiferon GOLD)?
   □ Yes  □ No

3. Have you ever had close contact with anyone who was sick with TB?
   □ Yes  □ No

4. Were you born in one of the countries listed below?
   □ Yes  □ No

5. Have you ever had an extended stay, 6 months or more, in any of the following areas with a high prevalence of TB as defined by the World Health Organization?
   □ Yes  □ No

- Africa – all countries
- Asia/Southeast Asia/Pacific Islands – all countries
- North, Central & South America – Argentina, Bahamas, Belize, Bolivia, Brazil, Costa Rica, Columbia, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Venezuela
- Europe – Belarus, Bosnia, Herzegovina, Bulgaria, Croatia, Estonia, Hungary, Latvia, Lithuania, Macedonia, Moldova, Poland, Portugal, Romania, Russian Federations, Serbia, Slovak Republic, Slovenia, Ukraine, Yugoslavia
- Middle East – Bahrain, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, Turkey, Yemen

KRS 03/08/12