1 \Moray	ou harn in ana of the sau	ntries listed halou?	-V	-N-
<ol> <li>Were you born in one of the countries listed below?</li> <li>Have you traveled or lived for more than one month in one of the countries listed below?</li> </ol>			□Yes	□No
3. Has the student been in close contact with someone with tuberculosis?			□Yes	□No
			□Yes □Yes	□No □No
<ul><li>4. Has the student resided or worked in a prison, homeless shelter, nursing home or hospital?</li><li>5. Has the student ever had a positive tuberculosis skin or blood test?</li></ul>			□Yes	□No
*If y	ou answer "NO" to all qu	uestions 1-5, Sign, date and submit form to Health	Service	s
Sigr	:	Date:		
A history of B	CG vaccination does not	ons 1 - 5: PPD (Mantoux) skin test or IGRA blood test is req preclude testing. e Read (within 48-72 hours)Result		m of induration
A history of B	CG vaccination does not possible of the control of	preclude testing.		m of induration
A history of B PPD: Date Pla *Pos	ntedDate	preclude testing. e Read (within 48-72 hours)Result	m	
A history of B PPD: Date Pla *Pos Date of posit	ntedDate itive tuberculin skin test	e Read (within 48-72 hours) Result : Chest X-Ray or IGRA blood test required:	m normal (	attach report)
A history of B PPD: Date Pla *Pos  Date of posit	ntedDate itive tuberculin skin test	preclude testing.  e Read (within 48-72 hours)Result  : Chest X-Ray or IGRA blood test required:  Date of X-RayResult: □ Normal □ Abr	m normal (	attach report)
A history of B PPD: Date Pla *Pos  Date of posit IGRA: Date _ INH prophyla	ntedDate itive tuberculin skin test ive PPD	preclude testing.  e Read (within 48-72 hours) Result  : Chest X-Ray or IGRA blood test required:  Date of X-Ray Result: □ Normal □ Abrond Results: (Copy of Lab report)	m normal (	attach report)
A history of B PPD: Date Pla *Pos  Date of posit IGRA: Date _ INH prophyla	ntedDate itive tuberculin skin test ive PPD  ixis  OF HEALTHCARE PROVID	preclude testing.  e Read (within 48-72 hours) Result  : Chest X-Ray or IGRA blood test required:  Date of X-Ray Result: □ Normal □ Abronation   Results: (Copy of Lab report)	mormal (	attach report) ed)

DOB

Name (print):\_\_

## **Countries with High Rates of TB**

("High Incidence" areas are defined as areas with reported or estimated incidence of ≥20 cases per 100,000 population)

Angola, Bangladesh, Brazil, Cambodia, Central African Republic, China, Columbia, Congo, Congo DR, Ethiopia, India, Indonesia, Kenya, Korea-DPR, Lesotho, Liberia, Mozambique, Myanmar, Namibia, Nigeria, Pakistan, Papua New Guinea, Philippines, Russian Federation, Sierra Leone, South Africa, Thailand, UR Tanzania, Vietnam, Zambia, Zimbabwe Source: WHO Global Health Observatory, Tuberculosis Incidence 2016-2020

https://apps.who.int/iris/bitstream/handle/10665/336069/9789240013131-eng.pdf