

TO BE COMPLETED BY HEALTH CARE PROVIDER ONLY

Tuberculosis screening is required of all students entering Lafayette College, based upon guidelines of the American College Health Association and the U.S. Centers for disease Control. For more information, see www.acha.org or www.dcd.gov/tb

(Students) Last name _____ First _____ M _____ DOB _____

Section 1

Screening Questionnaire

Please answer the following questions:

1. Have you ever had close contact with persons known or suspected to have active TB disease? YES NO
2. Were you born in one of the countries listed below that have a high incidence of active TB disease? YES NO

(If yes, please CIRCLE the country, below)

Afghanistan, Algeria, Angola, Argentina, Armenia, Azerbaijan, Bahrain, Bangladesh, Belarus, Belize, Benin, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Burundi, Cabo Verde, Cambodia, Cameroon, Central African Republic, Chad, China, Colombia, Comoros, Congo, Côte d'Ivoire, Democratic People's Republic of Korea, Democratic Republic of the Congo, Djibouti, Dominican Republic, Ecuador, El Salvador, Equatorial Guinea, Eritrea, Estonia, Ethiopia, Fiji, Gabon, Gambia, Georgia, Ghana, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, India, Indonesia, Iran (Islamic Republic of), Iraq, Kazakhstan, Kenya, Kiribati, Kuwait, Kyrgyzstan, Lao People's Democratic Republic, Latvia, Lesotho, Liberia, Libya, Lithuania, Madagascar, Malawi, Malaysia, Maldives, Mali, Marshall Islands, Mauritania, Mauritius, Mexico, Micronesia (Federated States of), Mongolia, Morocco, Mozambique, Myanmar, Namibia, Nauru, Nepal, Nicaragua, Niger, Nigeria, Niue, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Rwanda, Saint Vincent and the Grenadines, Sao Tome and Principe, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Solomon Islands, Somalia, South Africa, South Sudan, Sri Lanka, Sudan, Suriname, Swaziland, Tajikistan, Thailand, Timor-Leste, Togo, Trinidad and Tobago, Tunisia, Turkey, Turkmenistan, Tuvalu, Uganda, Ukraine, United Republic of Tanzania, Uruguay, Uzbekistan, Vanuatu, Venezuela (Bolivarian Republic of), Viet Nam, Yemen, Zambia, Zimbabwe

3. Have you had frequent or prolonged visits to one or more of the countries listed above with a high prevalence of TB disease? (If yes, CHECK the countries, above) YES NO
4. Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? YES NO
5. Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease? YES NO
6. Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol? YES NO

International Students: Section 2 will be completed at the Bailey Health Center upon arrival to campus.

*If the answer is **YES** to any of the above questions in section 1, Lafayette College requires that you have Tuberculin Skin Testing prior to the start of the semester. Proceed to section 2.

*If the answer to all of the above questions in section 1 is **NO**, no further testing or further action is required.

Section 2: Testing must be completed by a healthcare professional within the 12 months preceding the first day of classes. If TST is positive, a chest x-ray is REQUIRED.

Tuberculin Skin Test Date placed ___/___/___ Date read: ___/___/___ Results: ___# of mm induration

Date of Chest X-Ray (for positive TST): ___/___/___ (Must attach radiology report)

Provider Name (print): _____ Title: _____ Phone #: _____

Provider Signature: _____

Address/Official Stamp Here: