

Address/Official Stamp Here:

## Bailey Health Center Tuberculosis Screening

Tuberculosis screening is required of a Association and the World Health Org			idelines of the A	merican	College Health
(Students) Last name	First	M	_ DOB		
Section 1 Screening Questionnaire: Plants	ease answer the following	5 questions.			
2. Were you born in one of the (If yes, please CIRCLE the country, b. Afghanistan, Algeria, Angola, Anguilla, Argentina, Botswana, Brazil, Brunei Darussalam, Burkina Fad'Ivoire, Democratic People's Republic of Korea, Ethiopia, Fiji, Gabon, Gambia, Georgia, Ghana, Ckiribati, Kyrgyzstan, Lao People's Democratic Remexico, Micronesia (Federated States of), Mongo Pakistan, Palau, Panama, Papua New Guinea, P. Tome and Principe, Senegal, Sierra Leone, Singa Togo, Tokelau, Tunisia, Turkmenistan, Tuvalu, Ug Yemen, Zambia, Zimbabwe	, Armenia, Azerbaijan, Bangladesh, Belaruso, Burundi, Cabo Verde, Cambodia, Can Democratic Republic of the Congo, Djibou Greenland, Guam, Guatemala, Guinea, Guipublic, Latvia, Lesotho, Liberia, Libya, Lithublia, Morocco, Mozambique, Myanmar, Nai araguay, Peru, Philippines, Qatar, Republi pore, Solomon Islands, Somalia, South Ajanda, Ukraine, United Republic of Tanzar	a high incidence of ac as, Belize, Benin, Bhutan, Bo neroon, Central African Repiti, Dominican Republic, Ecu- nea-Bissau, Guyana, Haiti, Hania, Madagascar, Malawi, mibia, Nauru, Nepal, Nicarag c of Korea, Republic of Mol frica, South Sudan, Sri Lank nia, Uruguay, Uzbekistan, Va	ctive TB disease?  Divia (Plurinational Statublic, Chad, China, Coador, El Salvador, Esvidonduras, India, Indon Malaysia, Maldives, Muga, Niger, Nigeria, Nidova, Romania, Russia, Sudan, Suriname, anuatu, Venezuela (Boand	nte of), Bos olombia, Co vatini, Equa esia, Iraq, lali, Marsha ue, Northe an Federat	omoros, Congo, Côte atorial Guinea, Eritrea, Kazakhstan, Kenya, all Islands, Mauritania, rn Mariani Islands, ion, Rwanda, Sao Fhailand, Timor-Leste,
	blonged visits to one or more of the fyes, CHECK the countries, about the countries of the		ove with a nigh	YES	NO
<ol> <li>Have you been a resident and long-term care facilities, and</li> </ol>	d/or employee of high-risk congr d homeless shelters)?	regate settings (e.g., co	orrectional facilit	ies, YES	NO
5. Have you been a volunteer of active TB disease?	r health-care worker who served	clients who are at inc	reased risk for	YES	NO
If Lafayette College requires that y	*DOMESTIC ST e above questions in section 1 is the answer is YES to any of the you have Tuberculin Skin Test Proceed to se *INTERNATIONAL will be completed at the Bailey F	NO, no further testing above questions in set (TST) or TB Gold Tection 2.  L STUDENTS*	ction 1, <b>Fest prior to the</b>	-	
Section 2: TO BE COMPLETED 1 Testing must be completed within 12 REQUIRED.			B Gold is positiv	e, a ches	t x-ray is
Tuberculin Skin Test: Date placed	_// Date read://_	_ Results:# of 1	mm induration		
Tb Gold results: Date tested/	_				
Date of Chest X-Ray (for positive TS'	Г/ТВ Gold):/(M	ust attach radiology re	eport)		
Provider Name (print):		Title:	Phone #:		
PROVIDER SIGNATURE:					