Colgate University Student Health Service
Tuberculosis (TB) Screening Questionnaire

Part I To be completed by incoming students.

Student Name: ___________________________  DOB __/__/____
(PLEASE PRINT)  Last Name  First Name  M.I.

A) Have you had a previous positive TB Skin Test or IGRA Blood Test?  □ No  □ Yes

If No Proceed to Part B

Have you ever been a volunteer or health care worker who served clients who are at increased risk for active TB disease?  □ No  □ Yes

2. Were you born in one of the countries listed below that have a high incidence of active TB disease?  □ No  □ Yes


3. Have you had frequent or prolonged visits* (more than 4 weeks) to one or more of the countries listed above with a high prevalence of TB disease? (If yes, CHECK the countries, above)  □ No  □ Yes

4. Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease (e.g., hospital, nursing home, or health clinic)?  □ No  □ Yes

5. Have you been a resident, employee, or volunteer at high-risk congregate settings (e.g., correctional facilities, long-term care facilities and homeless shelters)?  □ No  □ Yes

If the answer is YES to any of the above 5 questions, Colgate University requires that your Health Care Provider must complete Part II. See Part II (next page).

If the answer to all of the above 5 questions is NO and you were not born or traveled to a country listed above, no further testing or action is required and you do not need to have your Health Care Provider complete Part II.

* The significance of the travel exposure should be discussed with a health care provider and evaluated.

Student Signature ___________________________  Date _______________

SIGN HERE  5/2015