

**UNIVERSITY OF LA VERNE**  
**STUDENT HEALTH CENTER**  
**TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE**

**Print FULL NAME** \_\_\_\_\_

**STUDENT ID** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**ANSWER THE FOLLOWING QUESTIONS**

1. Have you ever had a positive TB (Tuberculosis) skin test (PPD)?  If yes, have you ever had a BCG (Bacillus Calmette) vaccine?	Yes Yes	No 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
5. Have you ever had an extended stay, 1 months or more, in any of the following areas with a high prevalence of TB as defined by the World Health Organization (see below)?	Yes	No
4. Were you born in one of the countries listed below? (if yes, please circle)	Yes	No

- **Africa**- all countries
- **Asia/Southeast Asia/Pacific Islands**- all countries
- **North, Central & South America**- Argentina, Bahamas, Belize, Bolivia, Brazil, Costa Rica, Colombia, 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

If you selected yes to any question above, please email your *name*, *student ID number*, and *contact number* to the [studenthealthcenter@laverne.edu](mailto:studenthealthcenter@laverne.edu). In the subject line, insert TB risk assessment questionnaire.

SHC Staff