

**De Anza College Student Health Services  
Part 2: TB Screening Questionnaire  
(Patient to complete if Risk Assessment is Positive)**

Name \_\_\_\_\_ Student ID: \_\_\_\_\_

Assessment Date: \_\_\_\_\_ Risk Factors Identified: \_\_\_\_\_

Please answer the following questions	Yes	No
Have you ever had a <b>positive (+) TB skin test or TB blood test?</b> If so, what year?		
Have you ever had or received <b>BCG vaccine?</b>		
Have you ever had a severe reaction to a TB skin or blood test?		
Have you ever had a <b>chest x-ray</b> for positive TB test?		
Have you ever taken medication for TB?		
Have you received vaccination against <b>chicken pox (Varicella), Measles, Mumps and Rubella (MMR)</b> or taken the Flu mist nasal spray over the <b>last 4 to 6 weeks?</b>		
Are you taking <b>any</b> prescription and over the counter medication(s)? If yes, please list them below:		
Have you ever had an allergic reaction to injection or medication(s)? If yes, please describe:		
Do you think you could be pregnant or are you pregnant?		
Do you have the following symptoms (Tuberculosis Symptom Check)	Yes	No
Productive cough lasting for 3 weeks or longer with or without sputum production?		
Weight loss without dieting?		
Persistent fever/chills?		
Night sweats?		
Loss of appetite?		
Coughing out blood?		
Tire easily?		
Chest pain?		
Other symptoms? If yes, please describe:		
What country were you born in?		
What countries have you lived in and/or travelled to?		

**I have received information about the TB test. I had a chance to ask questions which were answered to my satisfaction. I have been informed and agree that it is necessary for me to return to De Anza Student Health Services within 48 to 72 hours to have my TB SKIN test read. I understand the risks and benefits of the TB skin test and request the test be given to me.**

**If I do not return, the test will be null and void and a **NO SHOW Fee** will be charge into my account.**

**I understand that if I am symptomatic for TB or if the TB test is positive, results may be communicated to the health provider with whom I will follow-up if medical care is needed. I agree that I need to obtain chest x-ray clearance within two **(2) weeks if I test positive (+) for the PPD skin test.****

**I understand that if I fail to obtain the chest-x ray clearance within 2 weeks and prove that I am not contagious, I will NOT be allowed to return from my classes and attending campus, and a HOLD will be placed on my records through De Anza College.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**De Anza College Student Health Services**  
**Part 2: TB Screening Questionnaire**  
**(Patient to complete if Risk Assessment is Positive)**

**Countries with High Incidence of active TB (WHO, 2017)**

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

*Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2017. Countries with incidence rates of  $\geq 20$  cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.*