THE UNIVERSITY OF RHODE ISLAND

DIVISION OF

STUDENT AFFAIRS

TUBERCULOSIS (TB) SCREENING FORM

This form should be completed directly online in the Patient Portal. If you complete the online form, you <u>DO NOT</u> need to print, complete, and upload this form.

THINK BIG WE DO

Yes

Yes

Yes

No

No

No

	. PAULINE B. WOOD HEALTH SERVICES iutterfield Road, Potter Building, Kingston, RI 02881 USA	p: 401.874.2246 f: 401.874.2586	http://health.uri.edu			
Stude	ent Name:	Student ID #:				
Please answer all of the following questions: 1. Have you ever had close contact with persons known to have, or suspected to have, active TB?						
2	 Have you ever been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? 					
3	If you were born in one of the countries listed below did you arrive in the U.S. within the past 5 years? (if yes, please CIRCLE the country/ countries below)					

- 4. Have you had frequent or prolonged visits* (3 weeks or longer) to one or more of the countries listed below with a high prevalence of TB diseases? (If yes, CIRCLE the countries or territories below) **The significance of travel exposure should be discussed with a health care provider and evaluated.*5. Have you ever been a volunteer or healthcare 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
- 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 Yes No or alcohol?

IF THE ANSWER IS NO TO ALL OF THE ABOVE QUESTIONS, NO FURTHER TESTING OR ACTION IS REQUIRED.

If the answer is YES to any of the above questions, the UNIVERSITY OF RHODE ISLAND requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester. Please have your health care provider complete the TB Risk Assessment form (found at <u>https://health.uri.edu/forms/</u>) or you can have a TB test performed at Health Services when you arrive.

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

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Mongolia