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 DO NOT need to print, complete, and upload this form.

THINK BIG VE DO

No

No

No

No

No

No

DR. PAULINE B. WOOD HEALTH SERVICES	
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f 401 874 2586 http://health.uri.edu

6 Bu	itterfield Road, Potter Building, Kingston, RI 02881 USA p: 401.874.2246 f: 401.874.2586 http://health.uri.edu						
Student Name: College ID #:							
Please	e answer all of the following questions:						
1.	1. Have you ever had close contact with persons known to have, or suspected to have, active TB?						
2.	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.	<ol> <li>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)</li> </ol>						
4.	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.	5. Have you ever been a volunteer or healthcare worker who served clients who are at increased risk for active TB disease?						
6.	Have you ever been a member of any of the following groups that may have an increased incidence of latent <i>M. tuberculosis</i> infection or active TB disease - medically underserved, low-income or abusing drugs or alcohol?	Yes					

## 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 https://health.uri.edu/forms/) or you can have a TB test performed at Health Services when you arrive.

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