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.

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?  
   Yes  No

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)?  
   Yes  No

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)  
   Yes  No

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.  
   Yes  No

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 of latent M. tuberculosis infection or active TB disease - medically underserved, low-income or abusing drugs or alcohol?  
   Yes  No

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


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