TUBERCULOSIS (TB) SCREENING FORM

UPLOAD THIS FORM IN THE PATIENT PORTAL BY VISITING:
HEALTH.URI.EDU

Student Name: ___________________________________________ College ID #: __________________________

Please answer all of the following questions:

1. Have you ever had close contact with persons known or suspected to have active TB?        Yes  No

2. Have you 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/ies below) Yes  No

4. Have you had frequent or prolonged visits * to one or more of the countries listed below with a high prevalence of TB disease? (If yes, CHECK the country/ies below) 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 enclosed yellow TB Risk Assessment form prior to your arrival on campus.

*The significance of travel exposure should be discussed with a health care provider and evaluated.