Tuberculosis (TB) Screening Questionnaire								
Please answer	r the following	questions:						
Have you ever had a positive TB skin test?							Yes	No
Have you ever had close contact with anyone who was sick with TB?							Yes	No
Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years?							Yes	No
If yes, please lis	st the country					_		
Have you ever <u>lived in</u> or traveled to/in one or more of the countries listed below?							Yes	No
If yes, please list the countries:								
Countries with Estimated or Reported High Tuberculosis Incidence								
Afghanistan Algeria Burkina Faso Burundi Cambodia Argentina Argentina Azerbaijan Bahamas Bahrain Balarus Belize Benin Belize Benin Bolivia Bosnia & Herzegovina Botswana Brazil Brunei Darussalam Bulgaria Burkina Faso Burundi Cameroon Cape Verde Central African Rep. Central African Coentral African Coentral African Coentral African Coentral African Coentral African Condo Congo DR Colombia Congo DR Congo DR Cote d'Ivoire Croatia Djibouti Dominican Republic Ecuador Egypt		El Salvador Equatorial Guinea Eritrea Estonia Ethiopia Fiji French Polynesia Gabon Gambia Georgia Ghana Guam Guatemala Guinea Guinea-Bissau Guyana Haiti Honduras India	Indonesia Iran Iraq Japan Kazakhstan Kenya Kiribati Korea-DPR Korea-Republic Kuwait Kyrgyzstan Lao PDR Latvia Lesotho Liberia Lithuania Macedonia-TFYR Madagascar Malawi Malaysia	Maldives Mali Marshall Islands Mauritania Mauritius Mexico Micronesia Moldova-Rep. Mongolia Montenegro Morocco Mozambique Myanmar Namibia Nauru Nepal New Caledonia Nicaragua Niger Nigeria		Niue N. Mariana Islands Pakistan Palau Panama Papua New Guinea Paraguay Peru Philippines Poland Portugal Qatar Romania Russian Federation Rwanda St. Vincent & The Grenadines	Sao Tome & Principe Saudi Arabia Senegal Seychelles Sierra Leone Singapore Solomon Islands Somalia South Africa Spain Sri Lanka Sudan Suriname Syrian Arab Republic Swaziland Tajikistan Tanzania-UR Thailand Timor-Leste	Togo Tokelau Tonga Tunisia Turkey Turkmenistan Tuvalu Uganda Ukraine Uruguay Uzbekistan Vanuatu Venezuela Viet Nam Wallis & Futuna Islands W. Bank & Gaza Strip Yemen Zambia Zimbabwe
Tuberculosis Testing Record								
If you have answered YES to any of the above questions, a PPD (Mantoux) skin test is required, even if you have had the BCG vaccination in the past. If you arrive to campus without having received a TB test you will be required to take the test in Campbellsville and cover all expenses related to the test. This test will not be covered by the CU provided medical insurance.								
Your Health C	are Provider m	ust complete ar	nd sign below as	proof	f of test:			
TB (PPD) Skin Test		Skin Test Result (size of induration)		Chest X-Ray Required if TB skin test is Positive		Health Care Provider		
Date Administered:				Date of X-ray		Signature		
		Mm						
Date Test Read:		Signature of Health Care Provider		Result: NEG POS (attach copy of written report)		Treatment (if any)		
REQUIRED VACCINES								
MMR Vaccination* (measles, mumps, and rubella combined) If before 1970, please have the vaccine repeated before entering the university.					Date of 1 st shot: Date of 2 nd shot:			
Tetanus Shot* If longer than 10 years, please update tetanus before entering the university.					Date of last shot:			
Meningitis Vaccine (recommended but not required)					Hepatitis B Vaccine (recommended but not required)			
*A photocopy of immunization records MUST he included. Campbells illustrative recommends that students set the manipaities.								

*A photocopy of immunization records MUST be included. Campbellsville University recommends that students get the meningitis vaccine from their personal physician or local health department.