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| Last Name _____ First Name _____<br>PBA ID# _____<br>Birthdate: ____/____/____ | <b>Check all that apply:</b><br><input type="checkbox"/> FT Undergraduate <input type="checkbox"/> Part-Time/Evening <input type="checkbox"/> Graduate<br><input type="checkbox"/> Resident <input type="checkbox"/> Commuter <input type="checkbox"/> Nursing <input type="checkbox"/> Pharmacy<br><input type="checkbox"/> International<br><b>First term/year of PBA enrollment:</b><br><input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____ |
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**PLEASE ANSWER THE FOLLOWING RISK SCREENING QUESTIONS:**

- 1- Have you ever had close contact with someone known or suspected to have TB disease?  No    Yes
- 2- Have you ever had a positive TB skin test?  No    Yes
- 3- Were you born in one of the countries listed below and have arrived in the United States within the past 5 years? If yes, circle country below.  No    Yes
- 4- Have you had frequent or prolonged visits within the past 5 years to one or more of the countries listed below? If yes, CHECK each country you've visited.  No    Yes

|                                     |                                     |                                      |                                           |                                             |                                     |
|-------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------------|---------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Angola     | <input type="checkbox"/> Congo DR   | <input type="checkbox"/> Korea DPR   | <input type="checkbox"/> Myanmar          | <input type="checkbox"/> Philippines        | <input type="checkbox"/> Thailand   |
| <input type="checkbox"/> Azerbaijan | <input type="checkbox"/> Ethiopia   | <input type="checkbox"/> Kyrgyzstan  | <input type="checkbox"/> Namibia          | <input type="checkbox"/> Russian Federation | <input type="checkbox"/> Ukraine    |
| <input type="checkbox"/> Bangladesh | <input type="checkbox"/> India      | <input type="checkbox"/> Lesotho     | <input type="checkbox"/> Nigeria          | <input type="checkbox"/> Sierra Leone       | <input type="checkbox"/> Uzbekistan |
| <input type="checkbox"/> Belarus    | <input type="checkbox"/> Indonesia  | <input type="checkbox"/> Liberia     | <input type="checkbox"/> Pakistan         | <input type="checkbox"/> Somalia            | <input type="checkbox"/> Vietnam    |
| <input type="checkbox"/> Cambodia   | <input type="checkbox"/> Kazakhstan | <input type="checkbox"/> Moldova-Rep | <input type="checkbox"/> Papua New Guinea | <input type="checkbox"/> South Africa       | <input type="checkbox"/> Zambia     |
| <input type="checkbox"/> China      | <input type="checkbox"/> Kenya      | <input type="checkbox"/> Mozambique  | <input type="checkbox"/> Peru             | <input type="checkbox"/> Tajikistan         | <input type="checkbox"/> Zimbabwe   |

Source: World Health Organization Global Health Observatory, High Rates of Tuberculosis 2016. For future updates, refer to <http://apps.who.int/ghodata>.

**If you answered YES to any of the above questions, your medical provider will need to complete Page 2: TB Clinical Assessment prior to your arrival on campus. Regardless of risk, Page 1 is required to be submitted to Counseling and Wellness prior to the start of your first semester. Page 2 should only be included if Clinical Assessment is required.**

**If the answer to all of the above questions is NO, no further testing or action is required.**

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|-------------------------|--------------------|
| <b>Signature:</b> _____ | <b>Date:</b> _____ |
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