

UNIVERSITY OF SOUTH ALABAMA
STUDENT HEALTH CENTER
TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE

Please answer 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 five (5) years? (If yes, please CIRCLE the country) | Yes | No |
| Have you ever traveled to/in one or more of the countries within the last year listed below? (If yes, please CHECK the country/ies) | Yes | No |