



NAME (Please Print): _____

CONTACT #: (_____) _____ - _____

BETHEL COLLEGE ID #: _____

DATE OF BIRTH: ____ / ____ / ____

Tuberculosis Screening Form

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 1. Have you ever had a positive TB skin test? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Have you lived with, or had close contact with anyone who was sick with Tuberculosis? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Were you born, or have you traveled or lived three (3) consecutive months in any country considered to have high incidence of tuberculosis? (Refer to list of countries below) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Are you currently experiencing signs or symptoms of active tuberculosis? (a persistent bad cough; chest pain; coughing up blood/sputum; weakness or fatigue; weight loss; no appetite; chills; fever; night sweats) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

SIGNATURE: _____

DATE: ____ / ____ / ____

List of Countries with High Incidence of Tuberculosis

**Please indicate your home country or those you traveled or lived for three (3) consecutive months by circling below: **

- | | | | | |
|----------------------|--------------------|------------------|---------------------|-------------------------|
| Afghanistan | Congo DR | Kenya | New Caledonia | Sri Lanka |
| Algeria | Cote d'Ivoire | Kiribati | Nicaragua | Sudan |
| Angola | Croatia | Korea-DPR | Niger | Suriname |
| Anguilla | Djibouti | Korea-Republic | Nigeria | Syrian Arab Republic |
| Argentina | Dominican Republic | Kuwait | Niue | Swaziland |
| Armenia | Ecuador | Kyrgyzstan | N. Mariana Islands | Taiwan |
| Azerbaijan | Egypt | Lao PDR | Pakistan | Tajikistan |
| Bahamas | El Salvador | Latvia | Palau | Tanzania-UR |
| Bahrain | Equatorial Guinea | Lesotho | Panama | Thailand |
| Bangladesh | Eritrea | Liberia | Papua New Guinea | Timor-Leste |
| Belarus | Estonia | Lithuania | Paraguay | Togo |
| Belize | Ethiopia | Macedonia-TFYR | Peru | Tokelau |
| Benin | Fiji | Madagascar | Philippines | Tonga |
| Bhutan | French Polynesia | Malawi | Poland | Tunisia |
| Bolivia | Gabon | Malaysia | Portugal | Turkey |
| Bosnia & Herzegovina | Gambia | Maldives | Qatar | Turkmenistan |
| Botswana | Georgia | Mali | Romania | Tuvalu |
| Brazil | Ghana | Marshall Islands | Russian Federation | Uganda |
| Brunei Darussalam | Guam | Mauritania | Rwanda | Ukraine |
| Bulgaria | Guatemala | Mauritius | St. Vincent & | Uruguay |
| Burkina Faso | Guinea | Mexico | The Grenadines | Uzbekistan |
| Burundi | Guinea-Bissau | Micronesia | Sao Tome & Principe | Vanuatu |
| Cambodia | Guyana | Moldova-Rep. | Saudi Arabia | Venezuela |
| Cameroon | Haiti | Mongolia | Senegal | Viet Nam |
| Cape Verde | Honduras | Montenegro | Seychelles | Wallis & Futuna Islands |
| Central African Rep. | India | Morocco | Sierra Leone | W. Bank & Gaza Strip |
| Chad | Indonesia | Mozambique | Singapore | Yemen |
| China | Iran | Myanmar | Solomon Islands | Zambia |
| Colombia | Iraq | Namibia | Somalia | Zimbabwe |
| Comoros | Japan | Nauru | South Africa | |
| Congo | Kazakhstan | Nepal | Spain | Other: _____ |

BETHEL COLLEGE USE ONLY

Date PPD given: _____ Site: _____ By: _____

Date PPD read: _____ By: _____

Negative _____ mm x _____ mm.

Postive _____ mm x _____ mm.

Lot# _____ Manufacturer _____ Expiration date _____