

TUBERCULOSIS EXPOSURE RISK ASSESSMENT QUESTIONNAIRE

STUDENT NAME: _____ DATE OF BIRTH: _____

1. Was the student born outside the United States? (circle one)

YES (what country) _____ NO

If the country is listed, on page 2, as having a low incidence of TB, then NO testing is required.

IF COUNTRY IS NOT LISTED, TESTING IS REQUIRED PRIOR TO ADMISSION TO SCHOOL.

2. Has the student traveled outside the United States for ≥ 90 days? (circle one)

YES (what country) _____ NO

If the country is listed, on page 2, as having a low incidence of TB, then NO testing is required.

IF COUNTRY IS NOT LISTED, TESTING IS REQUIRED WITHIN 8-10 WEEKS OF RETURN TO U.S.

Date returned to U.S. _____. Test required date _____.

Please contact the Health Department to schedule testing.

Willow Grove office: 215-784-5415

Norristown office: 610-278-5145

Pottstown office: 610-970-5040

Parent/Guardian Signature: _____ Date: _____

**WORLD HEALTH ORGANIZATION: THE FOLLOWING COUNTRIES HAVE A LOW INCIDENCE OF TB AND REQUIRE
NO TB TESTING**

Antigua and Barbuda

Montserrat

Australia

Netherlands

Austria

Netherlands Antilles

Barbados

New Zealand

Belgium

Norway

Bermuda

Oman

Canada

Puerto Rico

Cayman Islands

Saint Kitts and Nevis

Cuba

San Marino

Cyprus

Sweden

Czech Republic

Switzerland

Denmark

Trinidad and Tobago

Finland

United Kingdom of Great Britain

France

Northern Ireland

Germany

United States of America

Greenland

United States Virgin Islands

Grenada

Iceland

Ireland

Israel

Italy

Jamaica

Jordan

Lebanon

Luxembourg

Malta

Monaco