



**ST. NORBERT COLLEGE HEALTH AND WELLNESS SERVICES  
TUBERCULOSIS QUESTIONNAIRE**

NAME \_\_\_\_\_ SNC ID# \_\_\_\_\_ DATE \_\_\_\_\_ DOB \_\_\_\_\_

To answer the following questions, please refer to the list below which details the list of countries with high rates of TB. \*

Afghanistan	Chad	Guyana	Madagascar	N. Mariana Is.	Suriname
Angola	China	Haiti	Malawi	Pakistan	Swaziland
Armenia	Columbia	Herzegovina	Malaysia	Palau	Syrian A.R.
Azerbaijan	Comoros	Honduras	Maldives	Panama	Tajikistan
Bahamas	Congo DR	Hong Kong SAR	Mali	Papua N.G.	Tanzania UR
Bahrain	Cote D'ivoire	India	Marshall Is.	Paraguay	Thailand
Bangladesh	Croatia	Indonesia	Mauritania	Peru	Togo
Belarus	Djibouti	Iran	Mauritius	Philippines	Tokelau
Benin	Dominican Republic	Kazakhstan	Micronesia	Portugal	Turkmenistan
Bhutan	Ecuador	Kenya	Moldova Rep.	Principe	Uganda
Bolivia	El Salvador	Kiribati	Mongolia	Romania	Ukraine
Bosnia	Equ. Guinea	Korea,DPR	Morocco	Russian Fed.	Uzbekistan
Botswana	Eritrea	Korea Rep.	Mozambique	Rwanda	Vanuata
Brazil	Estonia	Kyrgyzstan	Myanmar	Sao Tome	Vietnam
Brunei Dar.	Ethiopia	Lao PDR	Namibia	Senegal	Yemen
Burkina Faso	Gabon	Latvia	Nepal	Sierra Leone	Zambia
Burundi	Georgia	Lesotho	N. Caledonia	Soloman Is.	Zimbabwe
Cambodia	Ghana	Liberia	Nicaragua	Somalia	
Cameroon	Guam	Lithuania	Niger	So. Africa	
Cape Verde	Guatemala	Macao SAR	Nigeria	Sri Lanka	
Cen. Afr. Rep.	Guinea	Macedoni	Niue	Sudan	
	Guinea-Biss				

\*World Health Organization. Global Tuberculosis Control. WHO Report 2005.

- To the best of your knowledge, have you had close contact with anyone who was sick with tuberculosis (TB)?  YES  NO
- Were you born in one of the countries on the above list?  YES  NO
- Have you lived or traveled for more than one month in any of the countries on the above list?  YES  NO

If you have answered YES to any of the above questions, a PPD (Mantoux) skin test is required, even if you have had BCG vaccination in the past. Test must be documented within one year prior to enrollment and completed in the U.S.

This test will be available, if necessary, at St. Norbert College Health and Wellness Services after you arrive on campus. Please contact Health and Wellness Services by telephone (920-403-3266) for an appointment.

Health Care Provider must complete and sign below as proof of test:

TB (PPD) Skin Test	Skin Test Result (size of induration)	Chest X-Ray Required if IS skin test is positive	Health Care Provider	Treatment (if any)
	Date Administered:		Signature	
Date Test Read:	mm	Date of x-ray	Address	
	Signature of Health Care Provider	Result: NEG POS (attach copy of written report)		