

Tuberculosis Screening: To be completed by Student & Healthcare Provider				
Last Name (print above)	First Name	Middle Name	Date of birth (mo. /day/ year)	Davidson ID#

Tuberculosis (TB) Screening Questionnaire: All new students are required to complete and submit the following TB screening questionnaire form.
The form must be signed by a healthcare provider.

Section A: Tuberculosis (TB) Exposure Risk (to be completed by student)

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| 1. Have you ever had close contact with persons known or suspected to have active TB disease? | YES | NO |
| 2. Have you ever lived, worked or volunteered in any homeless shelter, prison/jail or long-term care facility? | YES | NO |
| 3. Have you ever been a member of any of the following groups that may have an increased incidence of latent Tuberculosis infection or active TB disease: medically underserved, abuser of drugs or alcohol? | YES | NO |
| 4. Were you born in, or have you lived, worked or visited for >1 month in one of the following countries? | YES | NO |

If YES, where? _____ For how long? _____ Dates visited/lived? _____

Afghanistan	Cook Islands	Kazakhstan	Northern Maiana Islands	Trinidad and Tobago
Algeria	Cote d'Ivoire	Kenya	Pakistan	Tunisia
Angola	Democratic People's	Kiribati	Palau	Turkmenistan
Anguilla	Republic of Korea	Kyrgyzstan	Panama	Tuvalu
Argentina	Democratic Republic	Lao People's	Papua New Guinea	Uganda
Armenia	of the Congo	Democratic Republic	Paraguay	Ukraine
Azerbaijan	Djibouti	Lesotho	Peru	United Republic
Bangladesh	Dominican Republic	Liberia	Philippines	of Tanzania
Belarus	Ecuador	Libya	Qatar	Uruguay
Belize	El Salvador	Lithuania	Republic of Korea	Uzbekistan
Benin	Equatorial Guinea	Madagascar	Republic of Moldova	Vanuatu
Bhutan	Eritrea	Malawi	Romania	Venezuela (Bolivarian
Bolivia	Eswatini	Malaysia	Russian Federation	Republic of)
Bosnia and Herzegovina	Ethiopia	Maldives	Rwanda	Vietnam
Botswana	Fiji	Mali	Sao Tome and Principe	Yemen
Brazil	Gabon	Marshall Islands	Senegal	Zambia
Brunei Darussalam	Gambia	Mauritania	Seychelles	Zimbabwe
Burkina Faso	Georgia	Mexico	Sierra Leone	
Burundi	Ghana	Micronesia	Singapore	
Cabo Verde	Greenland	Mongolia	Solomon Islands	
Cambodia	Guam	Morocco	Somalia	
Cameroon	Guatemala	Mozambique	South Africa	
Central African Republic	Guinea	Myanmar	South Sudan	
Chad	Guinea-Bissau	Namibia	Sri Lanka	
China	Guyana	Nauru	Sudan	
China, Hong Kong SAR	Haiti	Nepal	Suriname	
China, Macao SAR	Honduras	Nicaragua	Tajikistan	
Colombia	India	Niger	Thailand	
Comoros	Indonesia	Nigeria	Timor-Leste	
Congo	Iraq	Niue	Togo	

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2025. Countries with incidence rates of ≥ 20 cases per 100,000 population. For more information: https://www.who.int/health-topics/tuberculosis#tab=tab_1

If YES to any of the above questions, Davidson College requires TB testing within 6 months of arriving to campus. If the answer to all of the questions is NO, no further action is needed, and testing is not required.

Section B: For Healthcare Provider to complete if indicated by above questionnaire: Tuberculosis (TB) Risk Assessment

Clinicians should review and verify the information above. Persons answering YES to any of the questions in the TB screening are required to have TB testing, unless a previous positive test has been documented. For previous positive tests, please send chest x-ray results, and if applicable, documentation of treatment. **An IGRA (Interferon Gamma Release Assay) is required if testing is done outside the United States.** Anyone with a positive TB test with no signs of active disease on chest x-ray should receive recommendation to be treated for Latent TB.

Tuberculin Blood Test: Date ____/____/____ Result: _____ (required test if testing outside the US)

OR

Tuberculin Skin Test: Date administered: ____/____/____ Date read: ____/____/____ Result _____ mm

If TB test is Positive: Chest X-Ray is REQUIRED. Date done: ____/____/____ Result: Normal Abnormal (must attach radiology report)

Provider Name (Print) _____	Address/Clinic Stamp _____
Provider Signature: _____	Date: _____