

**University Health Services at UMBC
Tuberculosis Screening Questionnaire**

Name: _____
Last First

UMBC Student ID Number: _____

Please answer the following questions:

1. Were you born outside of the United States? _____ Yes _____ No

If yes:

a.) Please specify country where you were born: _____

Dates lived there: _____ to _____

b.) Are you currently: ____ US Citizen ____ Permanent Resident
 ____ International Student

2. Was your mother born outside of the United States? _____ Yes _____ No

If yes, please specify country where mother was born: _____

3. Was your father born outside of the United States? _____ Yes _____ No

If yes, please specify country where father was born: _____

4. Have you traveled and/or lived outside of the United States? _____ Yes _____ No

If yes:

Where (Specify Country)	When (Year)	Duration of Stay

5. Have you been exposed to anyone with active TB disease? _____ Yes _____ No

If you answered YES to any of the above questions, it is recommended that you have a test for tuberculosis performed. If you are an international student, it is required that you have a TB test performed in the U.S.A. within 6 months of entering UMBC. To schedule an appointment for this test at University Health Services, please call 410-455-2542.

