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:
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<th>Where (Specify Country)</th>
<th>When (Year)</th>
<th>Duration of Stay</th>
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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.