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, please specify country where you were born: _____________________________
   
   Dates lived there: _______________ to _____________________

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.

Revised 5.23.13