

TUBERCULOSIS (TB) SCREENING/TESTING¹ Please answer the following questions.

1. Have you ever had a positive TB skin test? Yes No
2. Have you ever had close contact with anyone who was sick with TB? Yes No
3. Were you born in one of the countries listed below and arrived in the U.S. within the past five years? Yes No
(If yes, please specify the country)
4. Have you ever traveled* to/in one or more of the countries listed below? Yes No
(If yes, please specify the country/ies)

ARE YOU IN COMPLIANCE?

