

**TUBERCULOSIS (TB) SCREENING/TESTING<sup>1</sup>** 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)

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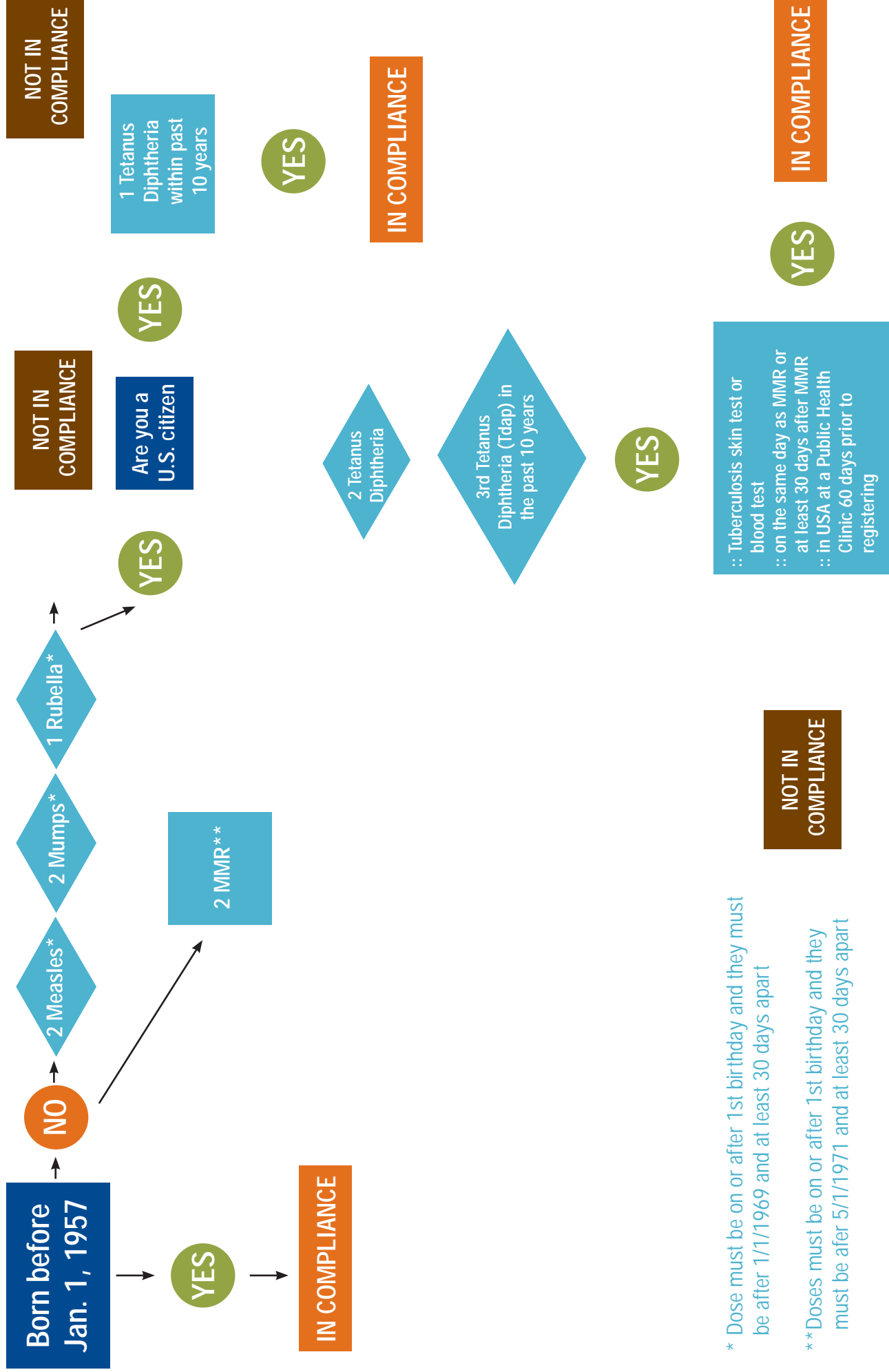
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# ARE YOU IN COMPLIANCE?



\* Dose must be on or after 1st birthday and they must be after 1/1/1969 and at least 30 days apart

\*\*Doses must be on or after 1st birthday and they must be after 5/1/1971 and at least 30 days apart