



©Name & UM ID _____

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**TUBERCULOSIS RISK QUESTIONNAIRE
FOR COLLEGE AND UNIVERSITY STUDENTS**

1. To the best of your knowledge, have you ever had close contact with anyone who is sick with tuberculosis (TB)? Yes No

2. Were you born in a country **not** listed below? Yes No

Country of birth: _____

3. Have you traveled or lived for more than one month in any country or countries not listed below? Yes No

List countries: _____

American Region

Canada Saint Lucia
Jamaica United States of America
Saint Kitts and Nevis Virgin Islands (USA)

European Region

Belgium Luxembourg
Denmark Malta
Finland Monaco
France Netherlands
Germany Norway
Greece San Marino
Iceland Sweden
Ireland Switzerland
Italy United Kingdom
Liechtenstein

Western Pacific Region

American Samoa Australia
New Zealand

This form including health form must be returned to the UM Health Center office **BEFORE** preregistration.