



Student Health Service • Division of Student Affairs  
 1 Hawk Drive • New Paltz, NY 12561-2443 • 845-257-3400 • Fax 845-257-3415  
 heathservice@newpaltz.edu

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_ Cellphone # \_\_\_\_\_

**TUBERCULOSIS TEST IS REQUIRED FOR INTERNATIONAL STUDENTS FROM THE COUNTRIES LISTED BELOW.**

Tuberculosis (TB) is still a worldwide health problem. Screening for TB means assessing each student’s risk for developing active TB while studying at New Paltz. Testing is required for students whose screening indicates an increased risk. Students with a TST or a blood test that indicates exposure to TB are required to have a chest x-ray to be TB compliant at New Paltz.

**High Risk Countries:**

Angola, Azerbaijan, Bangladesh, Belarus, Botswana, Brazil, Cambodia, Cameroon, Central African Republic, Chad, China, Congo, Democratic People’s Republic of Korea, Democratic Republic of the Congo, Eswatini (formerly Swaziland), Ethiopia, Ghana, Guinea-Bissau, India, Indonesia, Kazakhstan, Kenya, Kyrgyzstan, Lesotho, Liberia, Malawi, Mozambique, Myanmar, Namibia, Nigeria, Pakistan, Papua New Guinea, Peru, Philippines, Republic of Moldova, Russia, Sierra Leone, Somalia, South Africa, Tajikistan, Thailand, Uganda, Ukraine, United Republic of Tanzania, Uzbekistan, Vietnam, Zambia, Zimbabwe

(Based on 2020 WHO statistics)

Are you a student from one of the high risk countries listed above?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, circle birth country
Do you have signs or symptoms of active TB? (Unexplained cough greater than 2 weeks duration, fevers, chills, night sweats, weight loss or swollen glands)	<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Tuberculosis Screening Questions:</b>		
Have you ever had contact with persons known or suspected to have active TB?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, when? _____
Have you stayed in a country listed above for longer than 2 weeks?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, when? _____ How long did you stay? _____ Which country? _____
Have you ever been a resident, employee or volunteer in a correctional facility, nursing home, homeless shelter or other health care facility within the last five years?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes when? _____ If yes what facility? _____
<b>Any yes response to questions above requires a TST or blood work to be done</b>		

<b>Students with a history of a positive Tuberculosis Test</b>		
Have you previously had a positive TST that indicate TB exposure?	<input type="checkbox"/> Y <input type="checkbox"/> N	<b>Yes answer requires a blood test or chest x-ray</b>
Have you previously had a blood test that indicate TB exposure?	<input type="checkbox"/> Y <input type="checkbox"/> N	<b>Yes answer requires a chest x-ray</b>