

Free TB Screening (Eligibility form)

This form will help determine if you are eligible for a FREE TB test. For more information on the TB programme please see www.thetruthabouttb.org/latent-tb

NAME:.....

DATE OF BIRTH:/...../.....

Please complete ALL questions, unless you have circled No to questions 2 or 3.

1. Please write your country of birth?
2. Have you lived in the UK for less than 5 years? Yes / No (Please circle)
3. Have you lived in any of the below countries for 6 months or more? Yes / No (Please circle)
4. Are you between the ages of 16-35? Yes / No (Please circle)

(If you have answered **Yes** to **Questions 2 and 4 or 3 and 4**, please continue, if you have answered **No** to any of the above questions you **do not** have to complete the rest of this form.)

5. Are you from/ did you move to UK from one of the following countries, **listed below**?
Yes / No (Please circle).

| Country | Country | Country | Country |
|--------------------------|----------------------|------------------|-----------------------|
| Afghanistan | DR Congo | Lesotho | Papua New Guinea |
| Angola | Djibouti | Liberia | Philippines |
| Bangladesh | Equatorial Guinea | Madagascar | Republic of Moldova |
| Benin | Eritrea | Malawi | Rwanda |
| Bhutan | Ethiopia | Mali | Sao Tome and Principe |
| Botswana | Gabon | Marshall Islands | Senegal |
| Burkina Faso | Gambia | Mauritania | Seychelles |
| Burundi | Ghana | Mauritius | Sierra Leone |
| Cote d'Ivoire | Greenland | Micronesia | Somalia |
| Cabo Verde | Guinea (Republic of) | Moldova | South Africa |
| Cambodia | Guinea-Bissau | Mongolia | South Sudan |
| Cameroon | Haiti | Mozambique | Swaziland |
| Central African Republic | India | Myanmar (Burma) | Timor-Leste |
| Chad | Indonesia | Namibia | Togo |
| Comoros | Kenya | Nepal | Tuvalu |
| Congo | Kiribati | Niger | Uganda |
| DRP Korea | Laos PDR | Nigeria | Tanzania |
| | | Pakistan | Zambia |
| | | | Zimbabwe |

6. If you were born in one of the countries above:

Do you have a bad cough? Yes/No ; Do you sweat a lot at night? Yes/No ; Have you lost a lot of weight in the last year? Yes/No

Thank you for completing this form, please hand the forms to reception.

Office use only

If patient has answered **yes** to questions 2 & 4 or 3 & 4 and has circled one of the countries in the table the patient is eligible for TB screening. Please offer the patient a blood test (IGRA) to see if they are at risk of Tuberculosis (TB) .

If the person said Yes to any of the questions in (5) please make an urgent appointment to be screened for active TB

FAO receptionist: If patient is eligible for TB screening, please mark on the top of this form "**patient is eligible for LTBI Screening**" and hand form to schedule patient for a blood test ASAP. **FAO: Registration Person**, please use the 'born in read code' for the country circled above.

