



## Tuberculosis (TB) Screening

### 结核病 (TB) 筛查

#### Active TB Screening:

##### 活动性结核病筛查:

☐ I do not have any of the below signs or symptoms of active pulmonary tuberculosis disease (that are not attributed to other medical diagnoses):

☐ 我没有以下任何（非其他医学诊断情况所致的）活动性肺结核疾病体征或症状:

- Cough (especially if lasting for 3 weeks or longer with or without sputum production)
- Coughing up blood (hemoptysis)
- Chest pain
- Loss of appetite
- Unexplained weight loss
- Night sweats
- Fever

- 咳嗽（尤其是持续 3 周或更长时间，无论是否有痰）
- 咳血（咯血）
- 胸痛
- 食欲不振
- 体重无故下降
- 盗汗
- 发烧

OR

或

☐ I have one or more of the above signs or symptoms of active pulmonary tuberculosis disease (that are not attributed to other medical diagnoses) & I agree to obtain a medical evaluation to exclude active TB. **Please upload your medical evaluation results under miscellaneous documents or provide to your assigned worker.**

☐ 我有上述一种或多种（非其他医学诊断情况所致的）活动性肺结核疾病体征或症状，且我同意接受医学评估以排除活动性结核病。请在其他文件中上传您的医疗评估结果，或提供给您的专属负责社工。

#### Latent TB Screening:

##### 潜伏性结核病筛查:

☐ None of the below conditions for latent tuberculosis screening apply to me:

☐ 以下需要进行潜伏性结核病筛查的情况对我均不适用:

- Born, live, or travel in a country with an elevated TB rate for at least one month
  - Includes countries where TB disease is common (most countries in Latin America, the Caribbean, Africa, Asia, Eastern Europe, and Russia.)
- Immunosuppression, current or planned
- Close contact to someone with infectious TB disease during a lifetime
- Have latent TB

- 在结核病高发国家出生或至少居住或旅行一个月
  - 包括结核病流行国家（涵盖以下各区域中的大多数国家：拉丁美洲、加勒比地区、非洲、亚洲、东欧及俄罗斯）。
- 目前正在接受或即将接受免疫抑制治疗
- 一生中与传染性结核病患者有过密切接触
- 患有潜伏性结核病

OR  
或

☐ If one or more of the above conditions apply to me, I agree to obtain a TB test (PPD or blood test) to exclude latent TB. ***Please upload your test results under miscellaneous documents or provide to your assigned worker.***

☐ 如果上述一种或多种情况适用于我，我同意接受结核病检测（PPD 或血液检测）以排除潜伏性结核病。 ***请在其他文件中上传您的检测结果，或提供给您专属负责社工。***

☐ I know I have latent TB and agree to provide documentation from a medical provider excluding active TB. ***Please upload your documentation under miscellaneous documents or provide to your assigned worker.***

☐ 我知道我患有潜伏性结核病，并同意提供医疗服务提供者出具的排除活动性结核病的证明文件。 ***请在其他文件中上传您的证明文件，或提供给您专属负责社工。***

**Signature**  
**签名**

APPLICANT NAME  
申请人姓名

DATE OF BIRTH  
出生日期

SIGNATURE  
签名

DATE  
日期