Tuberculosis (TB) Risk Assessment Questionnaire

Last Name _____ First Name _____ MI ___ Student ID# _____

Address _____ City _____ State _____ Zip _____

Phone _____ Date of Birth _____ Email Address _____

1. Are you from or have you lived for two months or more in Africa, Asia, Central or South America, or Eastern Europe? ☐ No ☐ Yes If yes, list countries _____

2. Have you been diagnosed with a chronic condition that may impair your immune system?
☐ No ☐ Yes If yes, check all that apply

- ☐ Chronic steroid use
- ☐ HIV infection
- ☐ Cancer of the head or neck
- ☐ Silicosis
- ☐ Leukemia, lymphoma or Hodgkin's disease
- ☐ Gastrectomy/intestinal bypass
- ☐ Crohn's disease
- ☐ Rheumatoid arthritis
- ☐ Use of TNF-α antagonist
- ☐ Other _____
- ☐ Diabetes mellitus
- ☐ Dialysis/Renal failure
- ☐ Chronic malabsorption syndromes
- ☐ Low body weight (10% or more below ideal)

3. Have you ever resided, worked or volunteered in any of the following facilities?
☐ No ☐ Yes If yes, check all that apply

- ☐ Prison
- ☐ Homeless shelter
- ☐ Hospital
- ☐ Other long term treatment center _____
- ☐ Nursing home

4. Do you currently have any of the following symptoms?
☐ No ☐ Yes If yes, check all that apply

- ☐ Cough ≥ 3 weeks
- ☐ Productive cough (coughing up something)
- ☐ Coughing up blood
- ☐ Unexplained fever
- ☐ Night sweats
- ☐ Unexplained weight loss
- ☐ Chest pain
- ☐ Respiratory difficulty (shortness of breath)
- ☐ Fatigue
- ☐ Chills
- ☐ Loss of appetite
- ☐ Weakness

5. Have you ever had contact with a person known to have active tuberculosis?
☐ No ☐ Yes

6. Have you ever used injection drugs?
☐ No ☐ Yes

7. Have you had a tuberculin skin test before?
☐ No ☐ Yes If yes, list where given _____ Date ___/___/___ (attach results)

The information above is true and complete to the best of my knowledge, and I am aware that deliberate misrepresentation may jeopardize my health. I understand that this information is confidential and will not be released without my knowledge and written permission.

_____ _____

Signature of Student or Guardian Date