

Integrated Tuberculosis (TB) Screening and Risk Assessment Form for New Healthcare College Students

Student Name: _____

Date: _____

Date of Birth: _____

Student ID # _____

- 1. Which healthcare college are you with? _____ When is your start date? _____

- 2. Have you EVER spent more than 30 days in a country with an elevated TB rate? This includes all countries outside of the United States except those in Western Europe, Northern Europe, Canada, Australia, and New Zealand.
 - a. **YES** I have been in a foreign country with an elevated TB rate for more than 30 days
 - b. **NO** I have not been in any country with an elevated TB rate for more than 30 days

- 3. Have you had close contact with anyone who had active TB since your last TB test? **YES / NO**

- 4. Do you currently have any of the following symptoms:
 - a. **YES / NO** unexplained fever for more than 3 weeks
 - b. **YES / NO** cough for more than 3 weeks with sputum production
 - c. **YES / NO** bloody sputum
 - d. **YES / NO** unintended weight loss >10 pounds
 - e. **YES / NO** drenching night sweats
 - f. **YES / NO** unexplained fatigue for more than 3 weeks

- 5. Have you ever been diagnosed with active TB disease? **YES / NO**

- 6. Have you ever been diagnosed with latent TB infection (LTBI) *or* had a positive skin test *or* a positive blood test for TB?
 - a. **YES** one or more of these is true for me
 - b. **NO** none of these is true for me

- 7. If you answered yes to question 6: Have you had a chest x-ray after the positive TB test or diagnosis of LTBI? Provide results. **YES / NO**

- 8. Have you been treated with medication for active TB *or* for a positive TB test? **YES / NO**

If **YES**, what year, with which medication, for how long, and did you complete the treatment course?

- 9. Do you have a weakened immune system for any reason including organ transplant, recent chemotherapy, poorly controlled diabetes, HIV infection, cancer, or treatment with steroids for more than 1 month, immune-suppressing medications such as a TNF-alpha antagonist or another immune-modulator? (If you are not sure, ask your Occupational Health provider)
 - a. **YES**, one or more of these is true for me
 - b. **NO**, none of these is true for me

Student Signature

Date

Occupational Health Reviewer Signature

Date