

Part 1 Questions

1) Since your most recent TB test or TB symptom evaluation and risk assessment at UKHC, have you had any of the TB symptoms just mentioned: [Prolonged (more than 3 weeks) unexplained fever, Prolonged (more than 3 weeks) coughing with sputum (phlegm) production, Prolonged (more than 3 weeks) unexplained fatigue, Coughing up blood (hemoptysis), Unexplained weight loss of more than 10 lbs., or Drenching night sweats]?

- a) Yes
- b) No

2) Have you ever been diagnosed with Latent Tuberculosis Infection (LTBI), in other words, have you had a positive TB test, confirming the diagnosis of LTBI?

- a) Yes, If Yes, proceed to ****Part 2 only**** -you do not need to proceed beyond
- b) No, If No, SKIP Part 2 and proceed to **Part 3 and complete until the end.**

****Part 2 Questions**** **If you have tested positive for TB in the past and were diagnosed with Latent TB Infection:**

Those with a prior positive TB test and a negative chest x-ray do not need to undergo additional skin or blood testing for TB. You also do not require an additional chest x-ray if you had one done after the TB test that was positive and you do **not** have symptoms of active TB disease. If you have symptoms as stated above, you will need a new chest x-ray.

1) I certify that if I ever experience symptoms of a productive cough for more than 3 weeks, unexplained fever or fatigue for more than 3 weeks, bloody sputum, drenching night sweats, or unexplained weight loss of more than 10 pounds, I will contact UKHC Employee Health.

- a) Yes
- b) No

2) If you were diagnosed with LTBI and you have not completed treatment, your infection could progress to active TB, particularly if you have: cancer, lung disease, tobacco use, recreational drugs use, uncontrolled diabetes, planned or current immunosuppression, HIV infection, receipt of organ transplant, chronic steroids (the equivalent of prednisone > 15 mg/day for > 1 month), chemotherapy agents, or TNF alpha antagonist (infliximab, etanercept, or other), and older age.

I certify that I will contact UKHC Employee Health, should I have **not fully completed** treatment for LTBI, have risk factor(s) that can cause active TB disease progression, and have had symptom(s) that may suggest active TB disease for a consultation with an employee health physician.

- a) Yes
- b) No

-- END of Part 2 --

**You will not proceed to part 3 unless indicated above.
Verify your information by signing the bottom of page two**

Part 3 (for those who have NOT been diagnosed with LTBI)

TB Risks: If you have never had TB infection (no prior confirmed positive TB test, LTBI), it is important to know the risk factors for getting TB infection. They include:

1. Spending more than 30 days in a country with a higher TB rate (Any country **other than:** U.S.A, Canada, Australia, New Zealand, and Northern or Western Europe).
2. Being contacted as being part of an occupational exposure to a patient with suspected or known **active** TB.
3. Working, volunteering, staying, or spending several hours at a nursing home, other long-term care or rehab facility, homeless shelter, migrant camp, or correctional facility.
4. Being in close contact (at or within 6 feet) or in an enclosed space (room or vehicle) with a person with known or suspected to have **active, symptomatic** TB.
5. Living with someone with **active, symptomatic** TB.

In review of the risk factors please answer the following:

- 1) Over the past year, have you spent more than 30 days in a country with a higher TB rate (Any country **other than:** U.S.A, Canada, Australia, New Zealand, and Northern or Western Europe)?
 - a. Yes
 - b. No
- 2) Over the past year, have you been contacted as part of an occupational exposure to a patient with suspected or known **active** TB?
 - a. Yes
 - b. No
- 3) Over the past year, have you worked, volunteered, stayed, or spent several hours at a nursing home, other long-term care or rehab facility, homeless shelter, migrant camp, or correctional facility?
 - a. Yes
 - b. No
- 4) Outside of the UKHC system, over the past year, have you been in close contact (at or within 6 feet) or in an enclosed space (room or vehicle) with a person known or suspected to have active, symptomatic TB through personal activity, not work?
 - a. Yes
 - b. No
- 5) Over the past year, have you lived with someone with **active, symptomatic** TB
 - a. Yes
 - b. No

Student Signature

Date

Student Health RN signature

Date