

## TB Risk Assessment Annual Review

Name \_\_\_\_\_ DOB \_\_\_\_\_

Program \_\_\_\_\_

\*\*Have you ever had a reaction to a TB test?      Yes      No

### TB EXPOSURE RISK

- |  |     |    |
|--|-----|----|
| 1. Were you a temporary or permanent resident for one month or more in a country with a high TB rate? (Any country other than U.S., Canada, Australia, New Zealand, and those in Northern Europe or Western Europe).                               | Yes | No |
| 2. Are you currently or plan to be immunosuppressed – including HIV infection, organ transplant recipient, treatment with a TNF-alpha antagonist, chronic steroids (>15mg prednisone per day for > 1 month) or other immunosuppressive medication? | Yes | No |
| 3. Have you been in close contact with someone who had infectious TB disease since your last TB test?  | Yes | No |

### TB SYMPTOM REVIEW    Since your last screening, have you experienced any of the following?

- |  |     |    |
|--|-----|----|
| 1. Cough or chest pain that lasted longer than 3 weeks | Yes | No |
| 2. Fever that lasted longer than 3 weeks               | Yes | No |
| 3. Coughing up blood                                   | Yes | No |
| 4. Excessive sweating at night                         | Yes | No |
| 5. Unexplained weight loss                             | Yes | No |
| 6. Unexplained increase in weakness/fatigue            | Yes | No |

If you answered “**No**” to any of the numbered questions, **no further testing or action is required**. Please sign and submit to Campus Health.

If you answered “**Yes**” to any of the numbered questions, you **are required** to have a PPD skin test or TB blood test.

 \_\_\_\_\_  
 Student Signature

 \_\_\_\_\_  
 Date


### For Provider Use Only: TB Skin Test

Date & time TB placed: _____	Site: LFA   RFA	Date & time TB read: _____ (within 48-72 hours)
Placed by: _____ Healthcare Provider		Read by: _____ Healthcare Provider
Lot #: _____		Results: _____ mm
Exp. Date: _____		Interpretation (circle result):    Positive    Negative