

Annual TB Risk Assessment Screening Questionnaire

Select appropriate school/employee status:

<input type="checkbox"/>	School of Medicine	<input type="checkbox"/>	School of Law
<input type="checkbox"/>	School of Physical Therapy	<input type="checkbox"/>	Graduate School
<input type="checkbox"/>	School of Nursing	<input type="checkbox"/>	Pathology Assistant
<input type="checkbox"/>	School of Social Work	<input type="checkbox"/>	Genetic Counseling
<input type="checkbox"/>	School of Pharmacy	<input type="checkbox"/>	Medical Technology
<input type="checkbox"/>	School of Dentistry	<input type="checkbox"/>	Employee

NAME _____ Student ID#/ Emp ID _____
 D.O.B. _____ Phone Number (Cell) _____

Have you ever had a positive TB skin test or a positive TB blood test? If yes, **STOP** and fill out the Positive TB Symptom Based Screening Questionnaire.

****This questionnaire is to be completed by persons who have always screened negative (skin test or IGRA) for TB in the past.**** This is being used as the annual TB screening due to new CDC Guidelines for TB screening.

Date of Last TB screening _____ . **Since last screening:**

- | | | |
|---|-----|----|
| 1. Have you had close contact/exposure to someone who has had infectious TB disease without wearing PPE? | Yes | No |
| 2. Have you had temporary or permanent residence (> 1 month) in a country with a high TB rate (i.e., any country other than Australia, Canada, New Zealand, the United States, and those in western or northern Europe)? | Yes | No |
| 3. Are you currently (or planning to take) immunosuppressive medications, do you have human immunodeficiency virus (HIV) infection, received an organ transplant, been treated with a TNF-alpha antagonist (e.g. infliximab, etanercept, or other), chronic steroids (equivalent of prednisone \geq 15 mg/day for \geq 1 month), or other immunosuppressive medication. If you are unsure about a medication that you are taking, please discuss with the student health. | Yes | No |
| 4. Do you work in a lab and handle AFB specimens and/or mycobacterium tuberculosis cultures | Yes | No |
| 5. Have you had an abnormal chest x-ray? | Yes | No |

Explain any yes answers:

Yes to any question requires medical clearance with Student Health, please call 667-214-1899 to set up a telemedicine appointment for review.

_____ **Date**

_____ **(Student/Employee Signature)**