



Annual Tuberculosis Risk Assessment and Attestation

This annual TB Risk assessment must be completed by all Students and Faculty assigned to Health Care Agencies for educational experiences.

Please answer the following items, as pertaining to the past 12 months.

If “Yes” to any of the following: Follow up by a healthcare provider and official documentation is required.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Temporary or permanent residence of one (1) month or more in a country with a high TB rate, since your last TB test (<i>Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe</i>)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Current or planned immunosuppression (<i>Including HIV infection, organ transplant recipient, treatment with a TNF-alpha antagonist, extended oral steroid use or other immunosuppressive medication</i>)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Close contact with someone who has had infectious TB disease
Yes <input type="checkbox"/> No <input type="checkbox"/>	Symptoms of TB Disease: <ul style="list-style-type: none"> • productive cough lasting greater than three (3) weeks duration • coughing up blood • repeated unexplained fever lasting greater than one (1) month • repeated night sweats without a reason • shortness of breath, chest pain • unexplained weight loss/appetite loss • unexplained fatigue
Yes <input type="checkbox"/> No <input type="checkbox"/>	Prior TB disease or latent TB infection (LTBI)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Prior positive TB test
Yes <input type="checkbox"/> No <input type="checkbox"/>	BCG vaccination

Yes I attest that I have had a negative tuberculin skin test (TST) or interferon-gamma release assay (IGRA). Provide date of most recent:
 No

Print Name

Signature

Date