

Student TB Risk Factor Screening

To be completed only if you have a history of a positive Tuberculin Test

Name: _____ Date: _____

Please answer **yes or no** to the following questions:

1. Have you ever had a positive TB test? _____ If yes, what year? _____
2. Have you ever been diagnosed with TB? _____ If yes, what year? _____
3. Have you previously completed preventative therapy (INH) or treatment for tuberculosis? _____ If yes, what year? _____

Please **check** all that apply:

Any of the following in the last year:

- ☐ Close exposure to someone with TB
- ☐ Chest X-ray consistent with tuberculosis that was untreated
- ☐ A problem with substance abuse
- ☐ Diabetes mellitus (Severe or poorly controlled)
- ☐ HIV infection
- ☐ Immuno-suppressive therapy i.e. steroids
- ☐ Any symptoms of pulmonary TB, such as productive, prolonged cough; chest pain; and/or hemoptysis (bloody sputum)
- ☐ None of the above

Any of the following conditions that will increase your risk of TB disease:

- ☐ Hematologic & reticuloendothelial diseases (e.g. Leukemia, Hodgkin's disease)
- ☐ Cancer of the head/neck
- ☐ Intestinal bypass/gastrectomy
- ☐ Silicosis
- ☐ End stage renal disease
- ☐ Chronic malabsorption syndromes
- ☐ Low body weight
- ☐ None of the above

Any systemic symptoms of TB, such as:

- ☐ Fever/chills
- ☐ Night sweats
- ☐ Easy fatigability
- ☐ Loss of appetite/weight loss
- ☐ None of the above

Explanation to any 'yes' statements and other comments:

Signature

Date