



Employee Name: _____

Employee DOB: _____

Tuberculosis Risk Assessment

Any history of temporary or permanent residence (for >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

Any current or planned immunosuppression, including human immunodeficiency virus infection, receipt of an organ transplant, treatment with an TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone >15mg/day for >1 month) or other immunosuppressive medication? Yes No

Any close contact with someone who has had TB disease? Yes No

Past treatment for latent TB infection? Yes No

Symptom screening:

- Productive cough for more than 3 weeks Yes No
- Coughing up blood; • Unexplained weight loss Yes No
- Fever, chills, or drenching night sweats for no known reason Yes No
- Persistent shortness of breath Yes No
- Unexplained fatigue for more than 3 weeks Yes No
- Chest pain Yes No

Any prior diagnosis of active TB or latent TB infection or a positive skin test or positive blood test for TB? Yes No

Past treatment with medication for TB or for a positive TB test? Yes No

Clinician Name/Title:

Date:

Clinician Signature:

License #: