



### Tuberculosis Risk Assessment Form (Student must complete this form)

The Centers for Disease Control and Prevention and the United States Public Health Service recommend that tuberculosis skin testing be performed on all individuals who may be at increased risk of tuberculosis. This risk may be as a result of a medical condition or previous residence in a country with an increased prevalence of tuberculosis.

Please complete the following form in its entirety. Place a checkmark in the box in front of the section, if any item in the section is true for you. Check the box at the bottom of the page if sections 1-4 do not apply to you. Sign and date the form at the bottom. If you are under 18 years of age, your parent or guardian will need to sign the form.

**Section 1: Possible Symptoms of Tuberculosis:**

- Unexplained weight loss
- Unexplained elevation of temperature for more than one week
- Unexplained night sweats
- Unexplained persistent cough for more than 3 weeks
- Unexplained cough productive of bloody sputum

**Section 2: Risk Factors for Tuberculosis Infection:**

- Close contact with a known case of active tuberculosis
- Use of illegal injected drugs
- HIV (Human Immunodeficiency Virus) Infection
- Health Care Worker
- Resident or employee in a congregate living setting (nursing home, homeless shelter, correctional facility)

**Section 3: Risk Factors for Tuberculosis Disease:**

- diabetes mellitus
- lymphoma, leukemia or cancer of the head, neck or lung
- chronic kidney failure
- silicosis
- gastrectomy or jejunio-ileal bypass
- long-term immunosuppressive therapy
- greater than 10% below ideal body weight
- previous POSITIVE PPD (TB) test

**Section 4: In the past 5 years, have you lived in or traveled for 30 days or more to any of the following Areas with a High Prevalence of Tuberculosis as defined by the World Health Organization and the State Health Department:**

- **Africa** - all countries
- **Asia/Southeast Asia/Pacific Islands** - all countries
- **Central & South America** - Argentina, Bahamas, Belize, Bolivia, Brazil, Costa Rica, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Venezuela
- **Europe** - Belarus, Bosnia,-Herzegovina, Bulgaria, Croatia, Estonia, Hungary, Latvia, Lithuania, Macedonia, Moldova, Poland, Portugal, Romania, Russian Federations, Serbia, Slovak Republic, Slovenia, Ukraine, Yugoslavia
- **Middle East** - Bahrain, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, Turkey, Yemen

**No, none of the items listed in section 1 -4 apply to me.**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

(Parent/Guardian Signature if student is under the age of 18)