University of Colorado **Denver | Anschutz Medical Campus**

ENVIRONMENTAL HEALTH & SAFETY | OCCUPATIONAL HEALTH

Tuberculosis Risk Assessment Questionnaire

Section 1: PERSONAL INFORMATION			
Name:	Gender identity:	Date of birth:	Today's date:
Employee ID:	Dept:	Title:	PI/Supervisor:
Campus:	Bldg., Room:	Work email:	
Work phone:	Type of animal used in work, or N/A:		

Section 2: HISTORY			
1. Have you lived ≥ two months in Asia, Africa, Central or South America, or Eastern Europe?	☐ Yes	☐ No	
2. Have you been diagnosed with a chronic condition that may impair your immune system? Check all that apply below.	☐ Yes	☐ No	
☐ Chronic steroid use	☐ Gastrectomy/intestinal bypass	☐ Diabetes mellitus	
☐ HIV infection	☐ Crohn's disease	☐ Dialysis/renal failure	
☐ Cancer of the head or neck	☐ Rheumatoid arthritis	☐ Chronic malabsorption syndrome	
☐ Silicosis	☐ Use of TNF-a antagonist	☐ Low body weight (≥10% below ideal)	
☐ Leukemia, lymphoma, or Hodgkin's disease	☐ Other:		
3. Have you ever resided, worked or volunteered in any of the following facilities?	☐ Yes	☐ No	Check all that apply below.
☐ Prison	☐ Homeless shelter	☐ Hospital/Clinical setting (including dental offices)	☐ Nursing home
4. Do you currently have any of the following symptoms with no known cause?	☐ Yes	☐ No	Check all that apply below.
☐ Cough for > three weeks	☐ Unexplained fever	☐ Chest pain	☐ Chills
☐ Productive cough (phlegm)	☐ Night sweats	☐ Shortness of breath	☐ Loss of appetite
☐ Coughing up blood	☐ Unexplained weight loss	☐ Unexplained fatigue	☐ Weakness
5. Have you ever been exposed (without proper PPE) to a person known to have active tuberculosis?	☐ Yes	☐ No	
6. Have you ever used injected drugs?	☐ Yes	☐ No	
7a. Have you ever had a positive (reactive) tuberculin skin test or blood test?	☐ Yes	☐ No	*If yes, specify skin or blood test:*
7b. If yes, provide when and where given. *(Attach results or additional medical documentation.)*	Date:	Location:	
8. Have you ever had an abnormal chest x-ray? *(If yes, attach results or additional medical documentation.)*	☐ Yes	☐ No	

Section 3: Signature	
Employee/Applicant signature:	Date: