



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 $\geq$ 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 ( $\geq 10\%$ 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		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:		