



Tuberculosis Risk Assessment Questionnaire

Section 1: PERSONAL INFORMATION									
Name:			Gender identity:			Date of birth:		Today's date:	
Employee ID:		Dept:		Title:			PI:		
Campus:			Bldg., Room:			Type of animal used in work, or NA:			
Work phone:			Work email:				Speedtype:		
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		Other:	
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 had contact with 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
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?							Yes		No
Section 3: CONFIDENTIALITY									
The information above is true and complete to the best of my knowledge, and I am aware that deliberate misrepresentation may jeopardize my health. I understand this information is confidential and will not be released without my knowledge and written consent.									
Employee/Applicant signature:							Date:		