

## TB Risk Assessment Questionnaire

| Student Information            |            |
|--------------------------------|------------|
| First Name:                    | Last Name: |
| Date of Birth:<br>(MM-DD-YYYY) | NetID:     |

| History of TB                                       |  |
|---|--|
| Have you ever been sick with Tuberculosis (TB)?     | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you ever had a positive TB blood or skin test? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

If you answered YES to either of the questions above, you must complete the Tuberculosis section of the Student Medical Requirements Form provided through Health On Track.

| TB Risk Assessment   |  |
|--|--|
| Were you born in, or have you ever lived, worked or visited for more than 1 month any country OTHER THAN the following: United States, Canada, Australia, New Zealand or Western European country? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| Do any of the following conditions or situations apply to you?  |  |
|---|--|
| Do you have current or planned immunosuppression due to: HIV infection, organ transplant recipient, treatment with an immunosuppressing medication (e.g. infliximab, etanercept or others), treatment with chronic steroids or other immunosuppressing medications? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you ever lived with or been in close contact with a person known or suspected of being sick with TB?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you ever lived, worked or volunteered in any homeless shelter, prison/jail, hospital or drug rehabilitation unit, nursing home or residential healthcare facility?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |

If you answered YES to any of the questions above, you must complete the TB section of Student Medical Requirements Form and upload lab results for Student TB Baseline Screening to Health On Track.