



Form C: TB Risk Assessment and Symptom Survey

Student completes questionnaire with review and signature from provider.

Name: _____ DOB: _____
TUC Program: _____ Graduating Year: _____
Phone: _____ Touro Student Email: _____

RISK ASSESSMENT: Please answer the following questions.

Yes	No	Tuberculosis Risk Assessment
		Birth, travel, or residence for at least 1 month, or frequent border crossing in a country with an elevated TB rate.*
		Immunosuppression (current or planned)- HIV infection, organ transplant recipient, treated with biologic agents like TNF-alpha antagonist (e.g., infliximab, adalimumab, etanercept), steroids (equivalent of prednisone ≥ 15 mg/kg/day for ≥ 1 month) or other immunosuppressive medication.
		Close contact to someone with infectious TB disease during lifetime.
		Homelessness or incarceration (current or past)- Persons experiencing homelessness or residing in high-risk congregate settings including homeless shelter or correctional facility during lifetime.

*Countries with elevated TB Risk- Many countries in Asia, Africa, Central America, Eastern Europe, Mexico, the Middle East, & South America. "Elevated TB rate" is defined as greater than or equal to 10 cases per 100,000 by the National TB Controllers Association (bit.ly/tbcontrollers). The World Health Organization (WHO) maintains a list of country-specific annual TB incidence in its Global Tuberculosis Report (bit.ly/who-global-tb-data), as well as a searchable TB country profile based on these data (bit.ly/worldhealthorg_data). A quick approximation is to consider all countries outside of the US, Canada, Australia, New Zealand, and countries in western and northern Europe to have "elevated" TB rates.

Note: Your risk assessment results help determine how to manage a positive test. See the list of TUC health requirements for additional details.

- If you answered "no" for all questions above, then you are at *low risk* for TB infection.
- If you answer "yes" for any question above, then you are at *elevated risk* for TB infection.

TB HISTORY

Have you ever been told you have a latent TB infection?

If yes, did you receive treatment?

Did you ever receive a BCG vaccination?

SYMPTOM SURVEY:

Please answer the following questions. Are you experiencing any of the following?

Yes	No	Symptom	Yes	No	Symptom
		A cough that lasts 3+ weeks			Loss of appetite
		Chest pain			Chills
		Coughing up blood or sputum (phlegm from deep inside the lungs)			Fever
		Weakness or fatigue			Night sweats
		Unexplained weight loss			

Student signature: _____

Date: _____

Provider's signature: _____

Date: _____

Provider name and address or stamp: _____