

Annual TB Screening Questionnaire
(Complete Annually after Baseline Latent TB Testing)

Name: _____ DOB: _____ Student ID: _____
College/Program: _____ Graduation Year: _____

Please answer the following questions:

- 1) **History of Positive TB Test? [TB Skin Test (TST) or T-SPOT, QuantiFERON (IGRA)]** Yes No
Date and type of previous positive test: _____
Have you been treated for Latent or Active Tuberculosis in the past? Yes No

- 2) Have you had a temporary or permanent residence of ≥ 1 month in a country with a high TB rate in the last 12 months? (Any country other than the Australia, Canada, New Zealand, those in Northern Europe, Western Europe, and the United States) Yes No

- 3) Are you currently immunosuppressed or plan to be on immunosuppressive therapy, including human immunodeficiency virus infection, receipt of an organ transplant, treatment with a TNF-alpha antagonist (e.g. infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month), or other immunosuppressive medication? Yes No

- 4) Have you had close contact with someone who has had infectious TB disease since your last TB screening test or questionnaire? Yes No

- 5) Do you have a cough that has lasted longer than 3 weeks? Yes No

- 6) Do you cough up blood or thick sputum? Yes No

- 7) Have you had a decrease in your appetite? Yes No

- 8) Have you lost weight (> 10 pounds) in the last 2 months without trying? Yes No

- 9) Have you experienced night sweats? Yes No

- 10) Have you had an unexplained, persistent low-grade fever? Yes No

Students that answer 'Yes' to any question require further evaluation and assessment by Student Health.

Students must notify Student Health immediately if any answer changes prior to their next annual screening.

Signature: _____ **Date:** _____