Consortium
CLINICAL | EDUCATION | PRACTICE

Annual Tuberculosis Risk Assessment and Attestation

This annual TB Risk assessment must be completed by all Students and Faculty assigned to Health Care Agencies for educational experiences.

Please answer the following items, as pertaining to the past 12 months.

If "Yes" to any of the following: Follow up by a healthcare provider and official documentation* may be required. **Examples may include, but are not limited to the following: A copy of the healthcare record documenting visit, copy of appropriate test result, or treatment ordered*	
Yes ❒ No ❒	Temporary or permanent residence of one (1) month or more in a country with a high TB rate, since your last TB test *(Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe)*
Yes ❒ No ❒	Current or planned immunosuppression *(Including HIV infection, organ transplant recipient, treatment with a TNF-alpha antagonist, extended oral steroid use or other immunosuppressive medication)*
Yes ❒ No ❒	Close contact with someone who has had infectious TB disease
Yes ❒ No ❒	Symptoms of TB Disease: • productive cough lasting greater than three (3) weeks duration • coughing up blood • repeated unexplained fever lasting greater than one (1) month • repeated night sweats without a reason • shortness of breath, chest pain • unexplained weight loss/appetite loss • unexplained fatigue
Yes ❒ No ❒	Prior TB disease or latent TB infection (LTBI)
Yes ❒ No ❒	Prior positive TB test (either TST or IGRA)
❒ ❒	Give the date of most current negative tuberculin skin test (TST) or interferon-gamma release assay (IGRA). Date:_____
Yes ❒ No ❒	BCG vaccination

My signature below acknowledges that the information given above is accurate and true.

Faculty/Student Name (Print)

Signature **Date**

Approved 11/2019
Revised 11/16/2022