



**Health Services  
TB Risk Assessment Form**

Were you born in Africa, Asia, Central America, South America, Mexico, Eastern Europe, Caribbean or the Middle East?  YES  NO

In what country were you born? \_\_\_\_\_

In the past 5 years, have you lived or traveled in Africa, Asia, Central America, South America, Mexico, Eastern Europe, Caribbean or the Middle East for more than one month?  YES  NO

In the last 2 years, have you lived with or spent time with someone who has been sick with TB?  YES  NO

Are you taking any medications that your doctor said could weaken your immune system or increase your risk for infections?  YES  NO

In the past 1 year, have you injected drugs that your doctor did not prescribe?  YES  NO

Have you ever lived or worked in a prison, jail, homeless shelter or long-term care facility? (example: nursing home, substance abuse treatment, rehabilitation facility)  YES  NO

*If all the above answer are NO you have completed this form. If you have answered YES to any of the above question please proceed to **Symptom Screening**.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Symptom Screening – At this time, do you have any of these symptoms?**

Coughing for more than 2-3 weeks?  YES  NO

Coughing up blood?  YES  NO

Weight loss of more than 10 pounds for no known reason?  YES  NO

Fever of 100°F (or 38°C) for over 2 weeks?  YES  NO

Unusual or heavy sweating at night?  YES  NO

Unusual weakness or extreme fatigue?  YES  NO

**If you answer “yes” to any of the questions above, you may be at increased risk for TB infection. Further testing maybe required to rule out active TB.**