



TB Risk Assessment

1. In what country were you born? _____

2. Have you ever received BCG vaccine?

Yes _____ No _____

3. Have you ever had a past positive TB skin test and/or positive Quantiferon-Gold blood test?

Yes _____ No _____

If yes, did you have a CXR? (**answer only on initial hire**)

Yes _____ No _____ Date _____

4. Have you ever been treated for latent TB?

Yes _____ No _____

5. Have you experienced a low-grade fever associated with night sweats, fatigue, weight loss and a persistent cough in the past year?

Yes _____ No _____

6. Have you been a permanent resident (for >1 month) in a country with a high TB rate (i.e. any country other than Australia, Canada, New Zealand, the United States, and those in western or northern Europe)?

Yes _____ No _____

7. Do you have current or planned future immunosuppression, including human immunodeficiency virus infection, receipt of an organ transplant, treatment with an TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone >15mg/day for >1 month) or other immunosuppressive medication

Yes _____ No _____

8. Have you had close contact with someone who has had TB disease?

Yes _____ No _____

EMPLOYEE SIGNATURE: _____ DATE: _____