

## TB Individual Risk Assessment and Symptom Evaluation

**\*Healthcare Personnel Name:** \_\_\_\_\_ **Date of Assessment:** \_\_\_\_\_

**Reason for completion (check one):**

- Pre-hire Baseline Individual Risk Assessment and Symptom Evaluation
- Annual Individual Risk Assessment and Symptom Evaluation

**TB Risk Assessment**

Healthcare Personnel should be considered at increased risk for TB if any of the following statements are marked "Yes"

	Yes	No
Have you had temporary or permanent residence of greater than one month in a country with a high TB rate? (Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe)		
Have you been in close contact with someone who has had infectious TB disease since your last TB test?		
Do you have current or planned immunosuppression, including: <ul style="list-style-type: none"> <li>• Human immunodeficiency virus (HIV) infection</li> <li>• Organ transplant recipient</li> <li>• Treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other)</li> <li>• Treatment with a chronic steroid (equivalent of prednisone greater or equal to 15 mg/day for greater than or equal to one month) or</li> <li>• Treatment with other immunosuppressive medication</li> </ul>		

- Yes**, one or more of the above listed applies       **No**, none of the above listed apply

If **Yes** is selected: Healthcare Personnel may have increased risk of TB; baseline testing results should be interpreted according to risk. Refer to the Tuberculin Skin Testing Fact Sheet-Tuberculin Skin Testing at: <https://www.cdc.gov/tb/publications/factsheets/testing/skintesting.htm>.

If **No** is selected: Healthcare Personnel has a lower risk for TB infection and will need a confirmatory TST/IGRA if their baseline test is positive and no TB risk factors have been identified. See confirmatory testing at: <https://academic.oup.com/cid/article/64/2/e1/2629583>.

**Symptom Evaluation (Required for pre-hire and annually/per policy)**

Do you currently have any of the following signs or symptoms of TB disease?

- Cough lasting three weeks or longer?
- Coughing up blood or sputum
- Night sweats
- Unexplained weight loss
- Fever/chills for no known reason
- Fatigue
- Pain in the chest
- Lack of appetite
- None of the above apply

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Persons with any of the above signs and/or symptoms of TB need further evaluation. This includes a TST/IGRA (Unless there is documentation of previous positive results), a chest x-ray, and full medical exam (sputum collection may be recommended). Healthcare Personnel or volunteer may not return to work until cleared.

I am not experiencing any of the above symptoms.

I understand if I am experiencing any of the above symptoms, follow-up will be required. Additionally, I understand if I have any of the above symptoms at any time in the future, I am to report to management immediately and follow-up will be required at that time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### For office use only:

Healthcare Personnel has been provided a copy of the CDC's TB Fact sheet located at:  
<https://www.cdc.gov/tb/publications/factsheets/general/tb.htm>.

No TB-like symptoms reported or observed.

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Name of Licensed MD/RN (Print)

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Signature of Licensed MD/RN

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Date/Time

\* Statutory definition of Healthcare Personnel includes volunteer