

**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  $\geq 1$  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  $\geq 15$  mg/day for  $\geq 1$  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:** \_\_\_\_\_