Hanover County Public Schools

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TB Risk Self-Assessment Form

* Applicant should complete all sections of form and answer all questions. HCPS Health Services will evaluate the form and inform you if you will be required to have a TB Skin Test. This form does **not** need to be completed by a medical provider.

Applicant Name (Last, First, M): _____

Address: _____

Home Telephone #: _____ Work #: _____ Cell #: _____

D.O.B: _____/_____/_____ Sex: _____ Social Security Number: _____

Country of Birth: _____ Year of Arrival to U.S: _____

History of Prior BCG Vaccine (typically given if born/lived abroad): ☐ No ☐ Yes → Specify Year: _____

Are you Pregnant? ☐ No ☐ Yes

I. **Screen for TB Symptoms**

(Check all that apply)	YES	NO
1. Cough for > 3 weeks:	☐	☐
Productive?	☐	☐
Bloody?	☐	☐
2. Fever, unexplained	☐	☐
3. Coughing blood	☐	☐
4. Unexplained weight loss	☐	☐
5. Poor appetite	☐	☐
6. Night sweats	☐	☐
7. Fatigue	☐	☐

History of TB Skin Test & TB Treatment

Prior Mantoux Tuberculin Skin Test (TST)?
☐ NO ☐ YES → Date: ____/____/____
Induration _____ mm
Prior TB treatment? ☐ NO ☐ YES → Provide details ↓

TB Treatment History

_____ TB Infection _____ TB Disease
Year of treatment: _____
Treatment duration: _____
TB medications taken: _____
Location of treatment: _____

II. **Screen for TB Infection Risk** (Check all that apply)

A. Assess Risk for Acquiring TB Infection	YES	NO
1. Are you currently a close contact of a person known or suspected to have TB disease? Name of source case: _____	☐	☐
2. Have you lived in a country other than the U.S., Canada, Western Europe, Australia or New Zealand for 3 months or more where TB is common, and has been in the U.S. for less than 5 years?	☐	☐
3. Are you a resident or an applicant of a high TB risk group setting such as a nursing home, shelter, prison or jail?	☐	☐
4. Are you a health care worker who serves high-risk clients?	☐	☐
5. Are you medically underserved? (No personal doctor or doctor visit within 2 years)	☐	☐
6. Have you been homeless within the last two years?	☐	☐
7. Applicant injects illicit drugs or uses crack cocaine?	☐	☐

B. Assess Risk for Acquiring TB Disease if Infected		
1. Are you HIV positive?	☐	☐
2. Are you at risk for HIV infection, but HIV status is unknown?	☐	☐
3. Applicant was recently infected with Mycobacterium tuberculosis (within the past two years TB skin test changed from negative to positive)?	☐	☐
4. Do you have certain clinical conditions such as diabetes, cancer, etc., placing them at a higher risk for TB disease?	☐	☐
5. Applicant injects illicit drugs? (determine HIV status)	☐	☐
6. Do you have a history of inadequately treated TB?	☐	☐
7. Are you > 10% below ideal body weight?	☐	☐
8. Are you on immunosuppressive therapy (this includes treatment for rheumatoid arthritis with drugs such as Humira), chemotherapy or taking prednisone > 15mg per day for more than a month?	☐	☐

I attest that the information I have provided is accurate to the best of my knowledge

_____ _____

APPLICANT SIGNATURE **DATE**