

**Baseline Tuberculosis (TB) Risk Assessment:**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**HCP should be considered at increased risk for TB if any of the following statements are marked "Yes" - Please check appropriate response:**

	Yes	No
Within the past year temporary or permanent residence (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)		
Current or planned immunosuppression, including human immunodeficiency virus (HIV) 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		
Close contact with someone who has had infectious TB disease since the last TB test		

**TB Signs and Symptom Review:**

**Please check the appropriate response:**

Are you currently experiencing any of the following:	Yes	No
Unexplained persistent coughing > 3 weeks		
Coughing up blood		
Unexplained significant weight loss		
Unexplained persistent fevers		
Unexplained night sweats		
Loss of appetite		
Hoarseness		
Weakness or Fatigue		
Chest Pain		

***I hereby attest that this information is true, accurate, and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to disciplinary action, up to and including employment termination.***

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

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