

**Health Sciences Immunization Program (HSIP)
 Baseline Individual TB Risk Assessment Form**

Individual risk assessment information can be useful in interpreting TB test results. Students can complete the TB Risk Assessment form prior to TB screening. Indicate yes or no for each question.

Student last name: _____ Student first name: _____

Student ID#: _____ UW NetID: _____

Health Care Personnel (HCP) should be considered at increased risk for TB if any of the following statements are marked “Yes”:

<p>Temporary or permanent residence of ≥ 1 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</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Current or planned immunosuppression, including human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with tumor necrosis factor-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Close contact with someone who has had infectious TB disease since the last TB test</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Adapted from: [HCP Baseline Individual TB Risk Assessment](#) form developed by the Center for Disease Control and Prevention (CDC)

Sosa LE, Njie GJ, Lobato MN, et al. Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. MMWR Morb Mortal Wkly Rep 2019;68:439–443. DOI: <http://dx.doi.org/10.15585/mmwr.mm6819a3>.

Student Signature: _____ Today's Date: _____