

Name: _____
Date of Birth (M/D/YY): _____

Student ID#: _____
Cell phone #: _____

Tuberculosis Risk Self-Assessment (TBRA)

Student completes upon initial entrance to school

1. **Have you ever had a positive tuberculosis (TB) test? NO __ YES __** *If you have had a positive TB test in the past you must submit documentation of the positive test, including chest x-ray report and treatment records. Further testing may not be required.

2. **Do you have any of the following signs or symptoms of active TB disease? NO __ YES __**
 - Unexplained fever/chills for more than 1 week
 - Persistent cough of unknown etiology for more than 3 weeks
 - Cough with bloody sputum
 - Night sweats
 - Unexplained weight loss
 - Unexplained fatigue

3. **Do any of the following situations apply to you? NO __ YES __**
 - Close contact with a person known or suspected to have TB
 - Use of any illegal injectable drugs
 - At risk for Human Immunodeficiency Virus (HIV) Infection
 - Volunteered, resided, or worked in a healthcare facility or congregate living setting (homeless shelter, nursing home, or correctional facility) for longer than 1 month
 - History of silicosis, diabetes, renal disease, blood disorders or cancer
 - History of gastrectomy, jejunioileal bypass, or chronic malabsorptive condition
 - History of a solid organ transplant (kidney, heart, liver)
 - Immunosuppressive therapy, such as prolonged corticosteroid therapy, chemotherapy, OR TNF-antagonist medications (Humira, Enbrel, Remicade) OR JAK-inhibitor medications (Xeljanz, Rinvoz, Jyseleca)
 - Are less than 10% of normal body weight or malnourished

4. **Within the past 5 years, have you traveled to or lived in any of the following areas for more than one (1) month? NO __ YES __**

Africa, Asia, Central America, Cuba, Dominican Republic, Eastern Europe, Haiti, India and other Indian subcontinent nations, Middle East (except Egypt, Saudi Arabia, Jordan, Lebanon, UAE), Portugal, South America, South Pacific (except Australia and New Zealand).

<https://www.vdh.virginia.gov/content/uploads/sites/175/2022/02/High-Burden-TB-Countries-2022.pdf>

Student Signature (or guardian if under 18): _____ Date _____

If you answered "yes" to any question above, TB testing is required.

If you have questions regarding testing for TB please contact the Student Health Center (703) 284-1610. Please bring copies of any further testing with the date and results.