

Brandeis University Required Tuberculosis Risk Assessment

Name: _____ Date of Birth: _____

A Latent TB infection screening test is required if any of the boxes below are checked. An Interferon Gamma Release Assay (IGRA) is preferred over Tuberculin Skin Test (TST) for persons with a history of BCG vaccine. You will need to upload a record of your results to the [secure patient portal](#).

If latent TB infection screening test result is positive a chest X ray is required. Please upload a copy of your chest xray report. If active TB disease is ruled out, treatment of latent TB infection is recommended.

Born or lived in a country with an elevated TB rate. Country of Birth: _____

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.

Immunosuppression, current or planned

HIV infection, organ transplant recipient; treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication

Close contact to someone sick with infectious TB disease *since last TB Risk Assessment*

Symptom Checklist: Check box if symptoms are present

Unexplained weight loss greater than 10 pounds

Extreme fatigue or weakness

Fevers lasting over 2 weeks

Loss of appetite

Night Sweats

Cough for greater than 3 weeks

Hemoptysis (bloody sputum with cough)

For TB symptoms or abnormal chest X-ray consistent with active TB disease → Evaluate for active TB disease