 **International Student Yearly Follow up**

 **Tuberculosis (TB) Risk Assessment Form**

*UW Oshkosh Student Health* ***▪*** *Radford Hall* ***▪ 777 Algoma Blvd. ▪ 920.424.2424 ▪ studenthealth@uwosh.edu***

This screening tool is used to identify adults without symptoms of latent tuberculosis (LTBI). Repeat testing by interferon gamma release assay (IGRA) recommended only if risk factors are identified by screen questions below.

**SYMPTOM EVALUATION**

YES NO **Recent TB symptoms:** Persistent cough lasting three or more weeks **AND** one or more of the

 following symptoms: coughing up blood, fever, night sweats, unexplained weight loss or fatigue.

**RISK FOR TB INFECTION**

YES NO **Residence or travel (for ≥ 1 month) in a country with a high TB rate**

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

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* Travel is of extended duration or including likely contact with infectious TB.

YES NO **Close contact to someone with infectious TB disease.**

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**RISK FOR PROGRESSION TO TB DISEASE**

YES NO **Human immunodeficiency virus (HIV) infection**

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YES NO **Current or planned immunosuppression** including receipt of an organ transplant, treatment

 with an TNF-alpha antagonist medication, chronic steroids or other immunosuppressive medication

 **in combination with risk for infection from above.**

A TB risk assessment and symptom evaluation have been completed for the individual named below.

 No risks or symptoms of TB were identified.

A TB risk assessment and symptom evaluation have been completed for the individual named below.

 Risk factors and/or symptoms for TB have been identified; further testing is recommended.

