



## Annual TB Risk Assessment Questionnaire for Non-Employees

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date form completed: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Instructions:** Please answer the following questions **while thinking of the past year**. This is a confidential medical evaluation. Based on your responses you may be contacted by an EHS nurse.

	No	Yes
1. Do you have a history of a positive TB skin test, positive IGRA (TB Blood test) or had TB disease?		<b>Do not fill out this form.</b> You need to complete the <i>Annual Questionnaire for Non-Employees with a History of a Positive TB Test</i> .
	No	Yes, please describe:
2. I have a persistent cough lasting 3 or more weeks <b>AND</b> one or more of the following symptoms: unexplained weight loss, sweating at night that soaks your clothing, fever, weakness or feeling tired all the time.		
3. I have been exposed to someone with known active TB disease or lived with/had close contact with someone who has known active TB disease.		
4. I have traveled to a country with a high rate of TB <b>for more than one month</b> . * *any country except the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.		
5. I am a current resident or have lived in a state with a high rate of TB.* *Alaska, California, Florida, Hawaii, New Jersey, New York, Texas and/or Washington DC		
6. I have worked or volunteered in a setting at high-risk for TB.* *healthcare facilities, correctional institutions, homeless shelters, mental health institutions, or other long term residential facility in Alaska, California, Florida, Hawaii, New Jersey, New York, Texas and/or Washington D.C.		

**My responses on this form are true and correct to the best of my knowledge.**

Non-Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Return completed and signed form to: Fax: (608) 262-7284 or [hremployeehealth@uwhealth.org](mailto:hremployeehealth@uwhealth.org)

### EHS USE ONLY

#### CLEARED TO WORK/VOLUNTEER

This person does not have symptoms of active TB disease or risk factors for being exposed to TB. No further evaluation is needed.

\_\_\_\_\_  
EHS staff signature

\_\_\_\_\_  
Date