UT Health San Antonio
Wellness 360
7703 Floyd Curl Drive, San Antonio, Texas 78229
P: 210-567-9355 F: 210-567-5903

Tuberculosis Screening Assessment

Name (First, Last): _____
DOB:_____
Date of Hire/Enrollment:_____

Reason for assessment
☐ New Hire
☐ New Student Enrollment
☐ Annual Assessment Screening
☐ Exposure to infectious TB

Section 1: TB History Assessment

Have you ever had a positive tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) results: ☐ Yes ☐ No
If **Yes**, please provide date/results for previous TST/IGRA and CXR:

_____/_____mm (TST) or (IGRA):_____/_____ and (CXR)_____/_____

If **No**, baseline TST/IGRA upon hire.

History of treatment for latent TB infection or active TB disease: ☐ Yes ☐ No

If yes, please provide dates of treatment: _____and Medication received: _____

Completed prescribed course: ☐ Yes ☐ No

Section 2: TB Signs & Symptoms Screening Assessment

Do you currently have any of the following signs and symptoms of tuberculosis disease?

☐ Coughing lasting (3) weeks or longer
☐ Coughing up blood
☐ Unexplained, persistent fever or chills
☐ Unexplained weight loss
☐ Night sweats
☐ Unexplained fatigue
☐ Loss of appetite
☐ None of the above symptoms

Section 3: Individual Risk Assessment

Have you lived in or traveled for more than one month to a country with a high rate of TB (e.g. Africa, Asia, Central or South America, the Caribbean, Mexico, or Eastern Europe?
☐ Yes ☐ No

Have you been in close contact with or lived with someone who has been sick with infectious TB disease? ☐ Yes ☐ No

Have you worked, lived, or volunteered in a high-risk setting (e.g., correctional facility, homeless shelter, group home)?
☐ Yes ☐ No

Do you have any medical risk factors for progression from latent TB infection to active TB disease?
☐ HIV infection
☐ Receipt of an organ transplant
☐ Chronic steroid use
☐ Immunosuppressive condition (e.g., cancer, autoimmune disorder)
☐ Treatment with medications that lower the immune system

Signature: _____ ***Date completed:***_____

Licensed Healthcare professional (RN, NP, PA, MD): _____