

 **GALEN TUBERCULOSIS RISK ASSESSMENT**

Student Name: _____

Exam Date: _____

- 1. Have you ever had a history of a positive Mantoux (PPD, TST)? YES NO
- 2. Have you ever had a BCG Tuberculosis Vaccination? YES NO
- 3. When was your last chest x-ray? Date: _____
- 4. Have you had a persistent cough for more than 3 weeks? YES NO
- 5. Have you had any blood in your sputum? YES NO
- 6. Do you have pain in your chest when you cough? YES NO
- 7. Have you recently had a respiratory illness that did not respond to treatment? YES NO
- 8. Have you had an unexplained fever in the past 3-6 weeks? YES NO
- 9. Have you experienced any unintentional or unexplained weight loss? YES NO
- 10. Have you experienced any night sweats? YES NO
- 11. Have you experienced unexplained increased lethargy or fatigue? YES NO
- 12. Have you experienced any unexplained loss of appetite? YES NO
- 13. Have you been in close contact with an individual with known active tuberculosis? YES NO

Comments (Explain any YES answers above)

Results:

No signs or symptoms of tuberculosis present.

Signs and symptoms of tuberculosis present. Follow-up with Primary Care Provider required.

Health Provider's Signature _____

Title _____ Date _____