

TUBERCULOSIS (TB) ASSESSMENT TOOL

Surname:	Given Names:	Date of Birth:
Mobile Number:	Email Address:	Student ID:
Student Signature:		Date:

Student to complete all questions in Parts A, B & C

Part A: Symptoms requiring investigation to exclude active TB disease		
Do you currently have any of the following symptoms that are not related to an existing diagnosis or condition that is being managed with a doctor?		
1. Cough for more than 2 weeks?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Episodes of haemoptysis (coughing blood) in the past month?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Unexplained fevers, chills or night sweats in the past month?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Significant* unexpected weight loss over the past 3 months? <small>*loss of more than 5% of body weight</small>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Part B: Previous TB treatment or TB screening or increased susceptibility		
1. Have you ever been treated for active TB disease or latent TB infection (LTBI) <small>If Yes, please state the year & country where you were treated & attach documentation (if available)</small> Year Country	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Have you ever had a TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+)? <small>If Yes, please attach copies of TB test results</small>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Do you have any medical conditions that affect your immune system? <small>e.g. cancer, HIV, auto-immune conditions such as rheumatoid arthritis, renal disease</small>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Are you on any regular medications that suppress your immune system? <small>e.g. TNF alpha inhibitors, high dose prednisolone</small>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Part C: TB exposure risk history					
1. In what country were you born?					
1a. If born overseas, when did you migrate to Australia?					
2. Is your country of birth on the list of high-TB-incidence countries: <small>For current list of high TB incidence countries, please go to https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx</small>				<input type="checkbox"/> YES	<input type="checkbox"/> NO
2a. If Yes, as part of your visa medical assessment, did you have a TB skin test (TST/Mantoux test) or blood test (IGRA or QuantiFERON TB Gold+)? <small>*if Yes, please attach a copy of the result</small>				<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Have you ever visited or lived in any countries with a high TB incidence in your lifetime (since any previous TB test)? <small>If Yes, please list below the countries you have visited, the year of travel & duration of stay</small>				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Country Visited	Year of travel	Duration of stay (specify d/w/m)	Country Visited	Year of travel	Duration of stay (specify d/w/m)