

PRINTED NAME _____

LAST FIRST

START DATE _____

1. Have you ever spent 1 month or longer in a country with an elevated TB rate? (Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe)
 - a. YES / NO
2. Have you had close contact with someone who has had active TB since your last TB test?
 - a. YES / NO
3. Do you have current or planned immunosuppression, including human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication
 - a. YES, one or more of these is true for me
 - b. NO, none of these are true for me
4. Do you currently have any of the following symptoms?
 - a. YES / NO unexplained fever for more than 3 weeks
 - b. YES / NO cough for more than 3 weeks with sputum production
 - c. YES / NO bloody sputum
 - d. YES / NO unintended weight loss > 10 pounds
 - e. YES / NO drenching night sweats
 - f. YES / NO unexplained fatigue for more than 3 weeks
5. Have you ever been diagnosed with active TB disease? YES / NO
6. Have you ever been diagnosed with inactive TB (latent TB infection) *or* had a positive skin test *or* a positive blood test for TB?
 - a. YES, explain: _____
 - b. NO
7. Have you been treated with medication for TB or for a positive TB test (i.e. taken INH)? YES / NO
 - a. If Yes, what year, with which medication, for how long, and did you complete the treatment course

Today's Date

**NATIONAL UNIVERSITY OF NATURAL MEDICINE
PREMATRICULATION TB DOCUMENTATION**

PART II – TB Exposure and Risk Attestation

You are considered to be at increased risk for TB if you:

1. Resided (for ≥ 1 month) in a country with a high TB rate (i.e., any country other than Australia, Canada, New Zealand, the United States, and those in western or northern Europe).
2. Are currently or will be immunosuppressed. Immunosuppression includes HIV/AIDS, organ transplant, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month), or other immunosuppressive medication.
3. Were a close contact to someone with infectious TB disease since the last TB test (unless adequate PPE was utilized).

I agree to:

- notify NUNM's Medical Director's Office should I become at an increased risk for TB during my time at NUNM.
- discuss any potential occupational or nonoccupational TB exposure with my primary care provider.

Signature of student

Date

PART III - Informed Consent for TB Blood Test (Choose ONE)

Blood draws are generally safe procedures, but potential minor side effects include: Pain at the site of needle insertion, Bruising and/or minor bleeding.

Rare complications may include: Persistent pain at the injection site, Localized skin infection.

Consent Statement: I have been informed of the potential **risks** associated with blood draws and understand that **this test is a condition of matriculation**. I consent to having my blood drawn for tuberculosis testing.

Signature of student

Date

OR

I am providing documentation of an IGRA blood test that has been performed in the last year to NUNM, and therefore do not consent to have my blood drawn at this time.

Signature of student

Date