

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?	Yes	No
1. Cough for more than 2 weeks?		
2. Episodes of haemoptysis (coughing blood) in the past month?		
3. Unexplained fevers, chills or night sweats in the past month?		
4. Significant* unexpected weight loss over the past 3 months? *loss of more than 5% of body weight		

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

Part C: TB exposure risk history		
	Yes	No
1. In what country where you born? If born overseas, when did you migrate to Australia?		
2. Is your country of birth on the list of high-TB-incidence countries: For current list of high TB incidence countries, please go to https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx		
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+)? *if Yes, please attach a copy of the result		
3. Have you ever visited or lived in any countries with a high TB incidence in your lifetime (since any previous TB test)? If Yes, please list below the countries you have visited, the year of travel & duration of stay		
Country Visited	Year of travel	Duration of stay (specify d/w/m)