

# TB RISK ASSESSMENT

# FORM F

## Student Information

Last Name/Surname

First Name

M.I

Date of Birth (mm/dd/yyyy)

HPU Student ID Number

This form has been completed to the best of my knowledge, and I freely consent to this information being used for my registration at Hawai'i Pacific University.

**Student Signature**

**Date (MM/DD/YYYY)**

Complete this Tuberculosis (TB) Risk Assessment (circle Yes or No) and have your U.S.-Licensed Healthcare Professional sign the completed form. A Tuberculosis (TB) clearance needs to be obtained within twelve months prior to your start date or obtained on or after age sixteen.

**If you have a history of a positive PPD and negative chest x-ray, a Chest X-Ray Laboratory Report from a Healthcare Professional must be submitted.**

This TB assesment provides a reasonable assurance that the individual listed on this form was free from tuberculosis disease at the time of the exam. This form does not imply any guarantee or protection from future tuberculosis risk for the individual listed.

Yes*	No	1. Do you have a cough that has lasted for 3 weeks or longer?
Yes*	No	2. Were you born in a country other than the United States, Canada, Australia, New Zealand, or Western and North European countries? List country:
Yes*	No	3. Have you lived in or traveled to (for 4 or more weeks) a country other than the United States, Canada, Australia, New Zealand, or Western and North European countries? List country:
Yes*	No	4. At any time, have you been around someone who was sick with Tuberculosis (TB) disease? Do not check "Yes" if exposed only to someone with a positive TB skin test (latent TB infection).
Yes*	No	5. Do you have a health problem or do you plan to be on medical treatment that may affect the immune system? Includes HIV/AIDS, organ transplant, treatment with TNF-alpha antagonist (ex: Humira, Enbrel, Remicade) or steroid medication for a month or longer.
Yes*	No	6. For persons under age 16 only: Is someone in the child's household from a country with an elevated Tuberculosis (TB) rate?

**\*IF THE ANSWER IS YES TO ANY OF THE ABOVE QUESTIONS, THE FOLLOWING IS REQUIRED:**

Have a TB skin test OR TB Blood Test (Quantiferon Gold In-Tube or T-Spot) done:

- Testing must be done by a U.S.-Licensed Healthcare Professional (M.D., D.O., N.D., N.P., or P.A.) and within one year prior to initial attendance.
- The TB Skin Test Interpretation should be based on mm of induration as well as risk factors. **Negative and 4-day readings are NOT accepted.** A positive or borderline Quantiferon Gold-In Tube or T-Spot Test requires a chest x-ray. If a TB skin test or TB Blood Test is positive, please attach Chest X-Ray Laboratory Report and/or TB treatment.
- If the test was done in a foreign country, a U.S.-Licensed Healthcare Professional must document the U.S. state and number in which they are licensed in, AND the TB test solution used must be FDA-approved (either Tubersol or Aplisol).

**Name of Physician/Healthcare Professional**

**Signature**

**Date**

**U.S. State & License Number**

**State**

**Zip Code**

I have evaluated the individual named above using the process set out in the DOH TB Clearance Manual dated 2/10/17 and determined that the individual does not have TB disease as defined in section 11-164.2-2, Hawaii Administrative Rules.

**Hawaii Pacific University**

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