

TUBERCULOSIS (TB) RISK ASSESSMENT

FORM F

Student Information

Last Name/Surname

First Name

Middle Initial

Address

City

Country

Zip Code

Telephone

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.

| | | |
|------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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

Hawaii Pacific University

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