



Comprehensive Community Health Centers

Adult TB Exposure Risk Assessment Tool

Name: _____

Today's Date: _____

DOB: _____

M.R. #: _____

QUESTIONS	YES	NO
Have you been in close/prolonged contact to anyone with TB disease?		
Were you born outside of the United States and/or have you recently traveled outside the United States? ?		
Have you had chest x-rays with results that suggest inactive or past TB infection?		
Do you have HIV or other immunosuppressive conditions?		
Do you use any medications that increase your risk of infection, (i.e. Prednisone or any other immunosuppressive medicines) ?		
Are you an injection drug user?		
Do you live or work in a high risk congregate setting, (i.e. prison, long term care facility, hospital, homeless shelter)?		
Have you ever had an organ transplant?		
Do you have any of the following symptoms: a cough longer than 3 weeks, coughing out blood, persistent loss of appetite, unexplained weight loss, night sweats, unexplained fever/chills, weakness or easily fatigued, chest pain/shortness of breath?		
Do you have the following medical conditions: diabetes, silicosis, cancer of the head or neck, Hodgkin's disease, leukemia, end-stage renal disease, intestinal bypass or gastrostomy, chronic malabsorption syndrome, low body weight (10% or more below the ideal for the given population)?		

STAFF ONLY BELOW THIS LINE

Reviewed By Provider: _____

General Rules: Any yes answer indicated a risk of exposure to TB and a skin test or IGRA should be administered at each periodic health exam (annual physical) unless one of the following exists:

1. The patient has a previously documented positive skin test for TB or a positive IGRA recorded in the chart.
2. The patient has had a skin test or IGRA test within the last year at another facility. Obtain a record release and obtain records from the facility that administered the skin test/IGRA test.

Note: If the patient has had a BCG vaccination in the past, consider the IGRA test.