

Annual/Periodic TB Symptom and Risk Assessment: Established Patient With Prior Negative Results

Patient Name: _____ Birth Date: _____ Medical Record #: _____

TB SYMPTOM REVIEW:

Does patient currently have any of the following symptoms? Yes No

- cough for more than 3 weeks coughing up blood chronic fever
 unexplained weight loss drenching night sweats

IMMEDIATE CHEST X-RAY AND MEDICAL EVALUATION is needed if patient has at least one symptom

TB SCREENING AND TREATMENT HISTORY: *Since patient's last TB risk assessment:*

1. Has patient had a positive Mantoux skin test or TB blood test? Yes, date _____ No
If yes, did patient complete preventive TB treatment (≥6 months)? Yes, regimen _____ No
2. Has patient had active TB disease? Yes, date _____ No
If yes, did patient complete active TB treatment (≥6 months)? Yes, regimen _____ No

TB TEST (Mantoux or blood test) is NOT needed if the answer is YES to any of the above

MEDICAL AND EXPOSURE RISKS ASSESSMENT:

1. Does patient have a NEW DIAGNOSIS of any of the following conditions? Yes No
 HIV diabetes cancer kidney failure
 chronic tobacco use

2. Has patient STARTED taking any of the following immunosuppressive medications? Yes No
 prednisone methotrexate cyclosporine chemotherapy for cancer
 rheumatoid or psoriatic arthritis/Crohn's disease drugs (e.g., anti-TNFα)

In the past 2 years

3. Has patient had any contact to someone with known TB disease of the lung? Yes No
4. Has patient spent more than 2 weeks in Asia, Africa, Latin America, or Eastern Europe? Yes No
5. Did patient drink raw milk or eat unpasteurized cheese? Yes No

(Adult patients only)

1. Has patient been in prison or jail? Yes No
2. Has patient been homeless or lived in a single room occupancy hotel? Yes No
3. Did patient inject street drugs? Yes No
4. Did patient work with homeless persons, migrant workers, or drug users? Yes No
5. Has patient worked as a health care worker? Yes No

(Pediatric patients age <18 only)

1. Has child lived with a household member who was born in Asia, Africa, Latin America or Eastern Europe? Yes No
2. Did child spend time with anyone who has been in jail (or prison), a shelter, SRO hotel, or who uses illegal drugs or has HIV? Yes No

Is patient seeking program (shelter or detox) clearance? Yes No

TB TEST (Mantoux or blood test) is needed if the answer is YES to any of the above
CHEST X-RAY AND MEDICAL EVALUATION is needed if TB Test is POSITIVE

Document the TB test date, return visit and result (including millimeters) in the medical record and database.

Person completing the form: _____ Date: _____