

Name: \_\_\_\_\_ Sex: M / F Date of Birth: \_\_\_\_\_  
 Race / Ethnicity: \_\_\_\_\_ Country of Birth \_\_\_\_\_ Year of US Arrival \_\_\_\_\_

**History of TB Vaccination, Testing and Treatment**

History of Prior BCG?  No  Yes → \_\_\_\_\_ Year  
 Prior TST or IGRAs?  No  Yes (If yes, provide details below)  
 Date: \_\_\_\_\_ Test: TST / IGRA Result: \_\_\_\_\_ mm or Positive, Negative, Indeterminate  
 Date: \_\_\_\_\_ Test: TST / IGRA Result: \_\_\_\_\_ mm or Positive, Negative, Indeterminate  
 Chest Radiography: CXR / CT Scan Location: \_\_\_\_\_ Date: \_\_\_\_\_  
 Result: Normal / Abnormal → If abnormal: Consistent with TB / Not Consistent with TB  
 Prior TB Treatment:  No  Yes → \_\_\_\_\_ LTBI \_\_\_\_\_ Active TB Disease  
 Year of Treatment: \_\_\_\_\_ Location: \_\_\_\_\_ Duration: \_\_\_\_\_  
 TB Medications Taken: \_\_\_\_\_

**TB Symptom Screen:** Have you had any of the following in the past 3 months?

**None** (Skip to next Section)  
 Cough for >3 weeks → Productive?  Yes  No Hemoptysis?  Yes  No  
 Fever, unexplained  Unexplained Weight Loss  Loss of Appetite  Night Sweats  
 Fatigue  Weakness  Chest Pain  Shortness of Breath  Chills  
 Duration and comments regarding symptoms: \_\_\_\_\_

**TB Risk Assessment:** Check all risks regarding the patient named above

Is a close contact of a person known or suspected to have TB Disease? Source Name: \_\_\_\_\_  
 Has lived in or recently traveled to a country where TB is common  
 Is an employee or resident of a high TB risk congregate setting (Ex: jail, rehab, nursing home, shelter)  
 Is a health care worker in a high risk setting (Ex: pulmonology, TB Clinic, ID)  
 Has been homeless in the last two years  
 Is in a medically under served, low-income population  
 Uses or has a history of illicit drug use  
 Is HIV positive or is a high risk for HIV infection  
 Has clinical condition that places them at high risk of disease if infected (Ex: persons on long term steroids or TNF medications, diabetic, low body weight, organ transplant, kidney disease, head or neck cancer)  
 Has a history of inadequately treated TB  
 Explain TB risks that were checked: \_\_\_\_\_  
 \_\_\_\_\_

**Action taken** (check all that apply)

No sign of active TB at this time, patient is clear to work, got to school, or resume usual activities  
 TST placed / IGRA drawn (see medical record)  
 Chest X-Ray not needed at this time  
 Discussed signs and symptoms of TB with client  
 Instructed client to seek health care if begin having TB symptoms  
 Patient chose to decline LTBI medication at this time  
 Patient chose to begin LTBI medication at this time  
 Additional measures needed at this time:  
 Isolation  
 Given surgical mask  
 Chest x-ray needed at this time  
 Sputum samples collected  
 Referred to physician/clinic (specify): \_\_\_\_\_  
 Other: \_\_\_\_\_

Signature of person conducting the assessment \_\_\_\_\_  
 Signature of patient \_\_\_\_\_ Date \_\_\_\_\_