

Adult Tuberculosis (TB) Risk Assessment Questionnaire¹

(To satisfy California Education Code Section 49404 and Health and Safety Code Section 121525-121555)

To be administered by a licensed health care provider (physician, physician assistant, nurse, nurse practitioner)

Name: _____

Date of Birth: _____

Date of Risk Assessment: _____

History of positive TB test or TB Disease Yes No

If yes, a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire.

If there is a "Yes" response to any of the questions below, a Tuberculosis Skin Test (TST) or Interferon Gamma Release Assay (IGRA) should be performed. A positive test should be followed by a chest x-ray, and if normal, treatment for TB infection considered.

Risk Factors	Yes	No
1. One or more signs and symptoms of TB (prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue). Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB. ²	<input type="radio"/>	<input type="radio"/>
2. Close contact with someone with infectious TB disease.	<input type="radio"/>	<input type="radio"/>
3. Foreign-born person (Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	<input type="radio"/>	<input type="radio"/>
4. Traveler to high TB-prevalence country for more than 1 month (Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	<input type="radio"/>	<input type="radio"/>
5. Current or former resident or employee of correctional facility, long-term care facility, hospital, or homeless shelter.	<input type="radio"/>	<input type="radio"/>

Once a person has a documented positive test for TB infection that has been followed by an x-ray deemed free of infectious TB, the TB risk assessment is no longer required.

The above named patient has submitted to a tuberculosis risk assessment, and if tuberculosis risk factors were identified, has been examined and determined to be free of infectious tuberculosis.

Health Care Provider Signature

Date

Katrina Powlev

R.N.

Health Care Provider Name

Title

435 Hillcrest Ave. Pacific Grove, CA 93950

Office Address

(831) 646-6514

Telephone

¹ Adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and Centers for Disease Control and Prevention.

² Centers for Disease Control and Prevention (CDC). Latent Tuberculosis Infection: A Guide for Primary Health Care Providers. 2013. (<http://cdc.gov/tb/publications/LTBI/default.htm>)