

TB Risk Factor Screening

To be completed only if you have a history of a positive Tuberculin Test

Name: _____ Date: _____

Please answer **yes or no** to the following questions:

1. Have you ever had a positive TB test? _____ If yes, what year? _____
2. Have you ever been diagnosed with TB? _____ If yes, what year? _____
3. Have you previously completed preventative therapy (INH) or treatment for tuberculosis? _____ If yes, what year? _____

Please **check** all that apply:

Any of the following in the last year:

- Close exposure to someone with TB
- Chest X-ray consistent with tuberculosis that was untreated
- A problem with substance abuse
- Diabetes mellitus (Severe or poorly controlled)
- HIV infection
- Immuno-suppressive therapy i.e. steroids
- Any symptoms of pulmonary TB, such as productive, prolonged cough; chest pain; and/or hemoptysis (bloody sputum)
- None of the above

Any of the following conditions that will increase your risk of TB disease:

- Hematologic & reticuloendothelial diseases (e.g. Leukemia, Hodgkin's disease)
- Cancer of the head/neck
- Intestinal bypass/gastrectomy
- Silicosis
- End stage renal disease
- Chronic malabsorption syndromes
- Low body weight
- None of the above

Any systemic symptoms of TB, such as:

- Fever/chills
- Night sweats
- Easy fatigability
- Loss of appetite/weight loss
- None of the above

Explanation to any 'yes' statements and other comments:

Signature

Date