

TB EXPOSURE RISK ASSESSMENT

Patient's Name _____ HRN _____

Have you (Has the child) or anyone you see regularly been diagnosed or suspected of being sick with active TB disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you (Does the child) or have you had symptoms of TB, such as cough, chest congestion, fever, night sweats, and/or weight loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you (Does the child) have family members or frequent visitors who were born in high TB prevalent countries (most countries from Asia, Africa, Latin America, or parts of Eastern Europe)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you (Was the child) born in, or travel to high TB prevalent countries (most countries from Asia, Africa, Latin America, parts of Eastern Europe)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you (Does the child) live in out-of-home placements (such as board & care or residential facilities)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you (Does the child) have HIV infection, or another immunosuppressive condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you (Does the child) live with someone who is HIV seropositive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you (Does the child) live, or frequently visit, with persons who have been incarcerated in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you (Does the child) live among or frequently been around individuals who are homeless, migrant workers, users of street drugs, or residents in nursing homes?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CLINIC USE ONLY:

Administer a Mantoux TB skin test to adults or children who have any of the above risk factors (indicated by a Yes response) UNLESS:

1. The patient has a previously documented (including date performed, method of testing and millimeter reading) positive Mantoux TB skin test.
2. The patient has had a TB skin test within the last 12 months and has not had recent exposure to an individual with active TB.

Note: In accordance with AAP and CDC guidelines, only trained licensed personnel may read/interpret the skin test.

Healthcare worker initials: _____ Date: _____