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ADULT TB (TUBERCULOSIS) RISK ASSESSMENT

* YOU MAY BE AT INCREASED RISK FOR TB IF YOU ANSWER YES TO ANY OF THE FOLLOWING

	DATE		DATE		DATE		DATE	
Do you have a family member, or close contact with history of confirmed or suspected TB?	O YES	O NO	O YES	O NO	O YES	O NO	O YES	O NO
Are you from Asia, Africa, Central America or South Africa? (These areas have higher prevalence of TB)	O YES	O NO	O YES	O NO	O YES	O NO	O YES	O NO
Do You live in an “out of home” placement facility?	O YES	O NO	O YES	O NO	O YES	O NO	O YES	O NO
Do you have any history of confirmed or suspected HIV infection?	O YES	O NO	O YES	O NO	O YES	O NO	O YES	O NO
Do you live with an individual who is HIV positive?	O YES	O NO	O YES	O NO	O YES	O NO	O YES	O NO
Have you been or do you live with any individual who has been incarcerated in the last 5 years?	O YES	O NO	O YES	O NO	O YES	O NO	O YES	O NO
Do you live among or are you frequently exposed to individuals who are homeless, migrant farm workers, used of street drugs, or residents in a nursing home?	O YES	O NO	O YES	O NO	O YES	O NO	O YES	O NO

* A PERSON WHO IS AT INCREASED RISK FOR TB SHOULD HAVE A YEARLY TB TEST.*

Name Date