

**Established Adult Patient with No Prior TB test or Prior Negative  
Results: Periodic TB Risk Assessment**

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Medical Record#: \_\_\_\_\_ Assessment to be done with routine/annual PE: \_\_\_\_\_

**TB SYMPTOM REVIEW:**

Do you currently have any of the following symptoms?  Yes  No

cough >3 weeks  coughing up blood  unexplained weight loss

chronic fever  drenching night sweats

**IMMEDIATE chest x-ray and medical evaluation is needed if the answer is YES to any of the above symptoms**

**NEW TB MEDICAL RISKS FOR TB DISEASE PROGRESSION:**

Since you last saw your doctor, do you have a NEW diagnosis of:

HIV?  diabetes?  cancer?  kidney failure?

OR started taking any of the following immunosuppressive medications:  Yes  No

Prednisone  Methotrexate  cyclosporine

Chemotherapy for cancer

IV rheumatoid or psoriatic arthritis/Crohn's disease drugs

**NEW TB EXPOSURE RISK**

In the past 2 years ....  Yes  No

1. Have you had any contact to someone with known TB disease of the lung?

2. Have you spent more than 2 weeks in Asia, Africa, Latin America, or Eastern Europe?

3. Have you been in prison or jail?  Yes  No

4. Have you been homeless or live in a single room occupancy hotel?

5. Have you injected street drugs?  Yes  No

6. Have you work with homeless persons, migrant workers, or drug users?  Yes  No

7. Have you worked as a health care worker?  Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

**New or repeat TB test (Mantoux or blood test) is needed if the answer is YES to any of the above questions**

Required: Document the date of the Mantoux, return visit and the millimeter result in the medical record and database

Person completing the form: \_\_\_\_\_

Date: \_\_\_\_\_