

**Established Adult Patient with No Prior TB test or Prior Negative**

**Results: Periodic TB Risk Assessment**

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?

- 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 the doctor, do you have a NEW diagnosis of:

- VIH?  diabetes?  cancer?  kidney failure

OR started taking any of the following immunosuppressive medications:

- Predisone  Metotrexate  Cyclosporine
- Chemotherapy for cancer
- IV rheumatoid or psoriatic arthritis/Crohn's disease drugs

**New TB Exposure Risk**

In the past 2 years... (Mark what applies to you)

- Have you been in contact with anyone known to have TB disease of the lung?
- Have you spent more than 2 weeks in Asia, Africa, Latin America, or Eastern Europe?
- Have you been incarcerated or inside of a jail?
- Have you been homeless or live in a single room occupancy hotel?
- Have you injected street drugs?
- Have you worked with homeless persons, migrant workers, or drugs users?
- Have you worked as a health care worker?

**A 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: \_\_\_\_\_