

Adult TB Exposure Risk Assessment

(Evaluation Questionnaire to determine if Mantoux tuberculin skin test (TST) is indicated.)

Name: _____ Medical Record #: _____

Age _____ DOB: _____ DOS: _____

The health care worker (HCW) is to ask the following questions during each periodic health assessment.

1. Have you or anyone you see regularly been diagnosed or suspected of being sick with active TB disease?
Yes _____ No _____
2. Do you have family members or frequent visitors who were born in high TB prevalence countries (most countries from Asia, Africa, Latin America, parts of Eastern Europe)? Yes _____ No _____
3. Were you born in, or travel to high TB prevalence countries (most countries from Asia, Africa, Latin America, parts of Eastern Europe)? Yes _____ No _____
4. Do you live in out of home placements (such as board & care or residential facilities)? Yes _____ No _____
5. Do you have HIV infection, or other immunosuppressive condition? Yes _____ No _____
6. Do you live with someone with HIV seropositivity? Yes _____ No _____
7. Do you live, or frequently visit, with persons who have been incarcerated in the last 5 years?
Yes _____ No _____
8. Do you live among or been frequently around individuals who are homeless, migrant workers, users of street drugs, or residents in nursing homes? Yes _____ No _____
9. Do you consume alcoholic beverages? Yes _____ No _____ If so, how much? _____

INSTRUCTIONS TO HEALTH CARE WORKER:

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

1. The patient has a previous DOCUMENTED* positive Mantoux TST, or
2. The patient has had a TST within the last year.

NOTE:

Trained medical personnel must read the skin test.

*DOCUMENTED = Record indicating the date of Mantoux and the millimeter result.

Health Care Worker Completing form:

Completing form: _____ Date: _____