

Adult TB (Tuberculosis) Risk Assessment

*** You may be at increased risk for TB if you answer YES to any of the following questions:**

	Date / /	Date / /	Date / /	Date / /
1. Do you have a family member or close contact with history of confirmed or suspected TB?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are you from Asia, Africa, Central America or South America? (These areas have a higher prevalence of TB.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do you live in an "out of home" placement facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do you have a history of confirmed or suspected HIV infection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you live with any individual who is HIV positive?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Have you been, or do you live with any individual who has been incarcerated in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Do you live among, or are you frequently exposed to individuals who are homeless, migrant farm workers, users of street drugs, or resident in a nursing home.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

* A person who is at increased risk for TB should have a yearly TB test.

Name: _____

Date: _____