

Patient Name: _____

DOB: _____

Tuberculosis Risk Screening

Circle Yes or No

- Yes No 1. Have you recently moved to the United States or arrived from Asia, the Middle East, Africa, or Latin America? *(circle the region if you answer YES)*

- Yes No 2. Were you born outside of the United States after 1971? _____

- Yes No 3. Do you have any of the risk factors for TB reactivation including diabetes, renal failure, cancer, silicosis, malnutrition, HIV/AIDS, or on immunosuppressive drugs?

- Yes No 4. Have you ever had a chest x-ray that showed TB? _____

- Yes No 5. Do you have unexplained chronic cough or weight loss?

- Yes No 6. Are you on kidney dialysis?

- Yes No 7. Have you ever lived at one of the following places; nursing home, jail, prison, shelter, substance abuse treatment facility, as a migrant farm worker?

- Yes No 8. Have you ever been homeless? _____

- Yes No 9. Have you ever used IV drugs?

- Yes No 10. Have you had an organ transplant?

- Yes No 11. Have you been around anyone that has TB? Please describe: _____

- Yes No 12. Have you traveled to Asia, the Middle East, Africa, or Latin America for longer than 2 weeks?
If yes, when and where? _____

Updated: 2021