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|-----------------------|--|
| <b>Today's Date:</b>  |  |
| <b>Patient Name:</b>  |  |
| <b>Date of Birth:</b> |  |
| <b>Patient ID:</b>    |  |

|  |
|--|
| Office Use:  |
| <input type="checkbox"/> Entered in EMR or Paper Chart |
| <input type="checkbox"/> Provider Reviewed             |

| <b>Tuberculosis Risk Assessment</b>   |     |    |
|---|-----|----|
| <p>Tuberculosis is a contagious bacterial infection affecting the lungs. The purpose of this screening is to see if you are at risk for having tuberculosis. Please take the time to answer the questions below to help your provider determine if you are at risk and need additional screening.</p> |     |    |
| Questions   | YES | NO |
| Have you ever had a positive PPD or Tuberculosis Screen?  |     |    |
| Have you ever had close contact with someone with Tuberculosis?   |     |    |
| Are you a current or former resident or work in a correctional facility, long-term care facility, hospital, or homeless shelter?  |     |    |
| Have you traveled outside of the country for more than one month?   |     |    |

**For Provider use only:**

|  | YES | NO |
|--|-----|----|
| Is the Patient at risk for Tuberculosis? |     |    |

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_