

## TUBERCULOSIS RISK QUESTIONNAIRE

A person who is infected with Tuberculosis (TB) may show no outward symptoms. However, infection can later lead to severe illness. To detect the problem before a person becomes ill, we perform a tuberculosis skin test. Instead of testing all people, as we have in the past, we recommend that only some people should have a skin test. If a test is warranted, a person will be tested with the Intermediate PPD (Mantoux) skin test, because it is the most accurate available.

To help your health care provider determine if you need to be skin tested please answer the following questions:

	YES	NO
Were you born outside the U.S. in a high prevalence country?*(especially, but not limited to those who arrived in the last five years) <small>*Africa, Asia except Japan, Central/South America, Mexico, Eastern Europe, Caribbean, Middle East</small>	<input type="checkbox"/>	<input type="checkbox"/>
Have you lived with or spent time with anyone who possibly or definitely had tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone living in your household have a positive skin test for tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
Have you lived or had extensive travel outside the U.S. within the past five years To countries with a high prevalence of TB	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household have AIDS or HIV infection?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or any members of your household use intravenous drugs or other street drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Have you worked or lived in a potentially high-risk congregate setting such as prison/jail, long-term care facility, homeless shelter, residential facility for persons with HIV/AIDS, drug treatment center, etc.?	<input type="checkbox"/>	<input type="checkbox"/>

If you have had a positive skin test for tuberculosis in the past, inform your health care provider.  
You will not need another test.

**HEALTH CARE PROVIDER PLEASE NOTE:**  
**LOW RISK IS ANSWERING "NO" TO ALL OF THE ABOVE QUESTIONS.**  
**HIGH RISK IS ANSWERING "YES" TO ONE OR MORE OF THE ABOVE QUESTIONS.**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date: \_\_\_\_\_