

Part I: Tuberculosis (TB) Screening Questionnaire

Please answer the following questions:

[Redacted]

Have you been a resident, volunteer, and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? Yes No

[Redacted]

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? Yes No

Have you ever been a member of any of the following groups that may have an increased incidence of latent TB disease? Yes No

[Redacted]

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence. Countries with average incidence rates of ≥ 20 cases per 100,000 population

Part II. Clinical Assessment by Health Care Provider

Clinicians should review and verify the information in Part I. Persons answering YES to any of the questions in Part I are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) unless a previous positive test has been documented.

History of positive TB skin test or IGRA blood test? (If yes, see the document below) Yes No

[Redacted area]

History of BCG vaccination? (If yes, consider IGRA if feasible) Yes No

[Redacted area]

4. Chest x-ray: (Required if IGRA or TST is positive. Note: a single PA view is indicated in the absence of

HEALTH CARE PROVIDER

Signature of Provider

Printed Name

Date

Mailing Address

