MARIN HEALTH & HUMAN SERVICES
Health, Well-being & Safety

Adult Tuberculosis (TB) Risk Assessment Questionnaire[1]

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

To be administered by a licensed health care provider (physician, physician assistant, nurse practitioner, registered nurse)

Name: _____ Date of Risk Assessment: _____

Date of Birth: _____

History of positive TB test or TB disease Yes☐ No ☐

If yes, a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire.*

If no, continue with questions below.

If there is a "Yes" response to any of the questions 1-5 below, then a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) should be performed. A positive test should be followed by a chest x-ray, and if normal, treatment for TB infection considered.

Risk Factors

1. One or more signs and symptoms of TB (prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue). Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB.[2]	Yes☐ No☐
2. Close contact with someone with infectious TB disease since last TB testing.	Yes☐ No☐
3. Birth in high TB-prevalence country (exempt if no recurring travel to TB endemic countries AND absence of visitors from such countries since prior negative TB test**)	Yes☐ No☐
4. Travel to high TB-prevalence country** for more than 1 month since last TB testing	Yes☐ No ☐
5. Current or former residence or work in a correctional facility, long-term care facility, hospital, or homeless shelter since last TB testing.	Yes☐ No☐

**Once a person has a documented positive test for TB infection that has been followed by an x-ray that was deemed free of infectious TB, the TB risk assessment is no longer required.*

***Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.*

[1]Adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and Centers for Disease Control and Prevention. 2

[2]Centers for Disease Control and Prevention (CDC). Latent Tuberculosis Infection: A Guide for Primary Health Care Providers. 2013. (http://www.cdc.gov/tb/publications/LTBI/default.htm)

ADULT TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

CERTIFICATE OF COMPLETION

To be signed by the licensed health care provider completing the risk assessment and/or examination

Name: _____ Date: _____

Date of Birth: _____

The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.

_____

Health Care Provider Signature

_____

Please Print Health Care Provider Name Title

_____

Office Address: Street City State Zip Code

_____

Telephone Fax

Effective August 31, 2015