



### Adult TB Exposure Risk Assessment

Evaluation question are to determine if Montoux tuberculin skin test (TST) is indicated

Name: \_\_\_\_\_

Medical Record: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Service: \_\_\_\_\_

1. Have you or anyone you see regularly been diagnosed or suspected of being sick with an active disease? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Do you have family members or frequent visitors who were born in high TB prevalence countries? (Asia, Africa, Latin America, Eastern Europe) YES \_\_\_\_\_ NO \_\_\_\_\_
3. Were you born in or travel to high TB prevalence countries? (Asia, Africa, Latin America, Eastern Europe) YES \_\_\_\_\_ NO \_\_\_\_\_
4. Do you live in/out of home placement such as foster care or residential facilities? YES \_\_\_\_\_ NO \_\_\_\_\_
5. Do you have HIV infection or other immunosuppressive condition(s)? YES \_\_\_\_\_ NO \_\_\_\_\_
6. Do you live with someone with HIV suppositivity? YES \_\_\_\_\_ NO \_\_\_\_\_
7. Do you live or frequently visit persons that have been incarcerated in the last 5 years? YES \_\_\_\_\_ NO \_\_\_\_\_
8. Do you live among or been frequently around individuals who are homeless, migrant workers, or residents in a nursing home? YES \_\_\_\_\_ NO \_\_\_\_\_
9. Do you consume alcoholic beverages? YES \_\_\_\_\_ NO \_\_\_\_\_

**HEALTH CARE INSTRUCTIONS:**

Administer the Montoux tuberculin skin test (TST) to all adults who have any of the above risk factors (Indicated by a yes response) UNLESS;

1. The patient has a previously DOCUMENTED\* positive Mantoux TST, or
2. The patient has had a TDT within the last year.

\*Documented = record indicating date of Mantoux and the millimeter results.

Health Care Worker: \_\_\_\_\_

Date: \_\_\_\_\_