PERIODIC TUBERCULOSIS (TB) RISK ASSESSMENT TOOL

For use of this from see, MEDCOM Reg 40-64, the proponent agency is MCPO-SA

Periodic Tuberculosis (TB) Risk Assessment Tool			REVIEWER INSTRUCTION
1.	Since your last TB risk assessment, did you have face-to-face contact with someone who was sick with tuberculosis (TB)? If yes, nature of exposure: Household – Co-worker – Family - Other ____ Dates of exposure ______________________________	☐ Yes ☐ No	
2.	Since your least TB risk assessment, did you work, volunteer, or reside in a detainee facility, prison, homeless shelter, refugee camp, or drug treatment facility?	☐ Yes ☐ No	
3.	Since your last TB risk assessment, did you develop any of the following conditions: organ transplant; HIV Infection; Immunosuppression secondary to use of prednisone (equivalent of >15mg/day for >1 month) or other Immunosuppressive medication such as Humira, Enbrel or Remicade?	☐ Yes ☐ No	
4.	Since your last TB risk assessment, did you develop any of the following conditions: diabetes, silicosis, cancer of head or neck, Hodgkin's disease, leukemia, end-stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight [10% or more below ideal weight], or injection drug use?	☐ Yes ☐ No	
All "NO" answers = low risk → STOP. **Any "YES" answers = increase risk → Go to question #5**			**If all "NO" responses → Do NOT test for TB**
5.	Do you have any of the following symptoms of tuberculosis: cough >2 weeks, fever >2 weeks, drenching night sweats, or unplanned weight loss?	☐ Yes ☐ No	
If "NO" → Go to question #6. **If "YES" → STOP**			**If "YES" then refer immediately to provider for evaluation of TB disease**
6.	Have you had a prior TB test, prior diagnosis of TB, or prior treatment for TB?	☐ Yes ☐ No STOP.	
Reviewer comments			**If "NO" → Test for TB.** **If "YES" → Do NOT test, REFER for provider evaluation.**

PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last-first-middle; DOB; SSN; date; hospital or medical facility)	REVIEWER NAME	REVIEWER SIGNATURE