Date: □□/□□/□□
month day year

MD Tuberculosis Risk Assessment and PPD Form

Patient Name:

D.O.B.

MR#

1. Where was the patient born?
- □ USA
- □ Mexico /South / Central America
- □ Asia
- □ SE Asia
- □ Africa
- □ Eastern Europe
- □ Western Europe

2. If not born in USA. When did they arrive in the USA?
- □ Within the past 2 years
- □ 2-5 years ago
- □ More than 5 years ago

3. Has the patient ever had a skin test for Tuberculosis?
□ **Yes** □ **No** □ **Not Sure**

If YES, Where: _____
(Clinic, Hospital, School, Etc…)
When: _______________
day month year
Result: □ **Positive** □ **Negative** □ **Not Sure**

4. Has the patient ever had a chest x-ray?
□ **Yes** □ **No** □ **Not Sure**
If YES, Where: _____
(Clinic, Hospital, School, Etc…)
When: _______________
day month year

5. Tuberculosis usually causes one or more of these symptoms. Does the patient have any of the following:

- □ Cough for longer than three weeks
- □ Night Sweats
- □ Loss of Appetite
- □ Loss of Weight
- □ Fevers
- □ Fatigue
- □ Other
- □ NONE

6. Please check all that apply: Has the patient:
- □ Ever been homeless or lived / worked in a shelter
- □ Lived / worked in a nursing home
- □ Ever been an inmate or worked in a jail / prison
- □ Ever been a healthcare worker
- □ Has the patient had any vaccinations recently?
  What?_____
- □ Ever drunk alcoholic drinks? How many a week?
  □ none □ 1 - 4 □ 4 – 6 □ >6
- □ Ever used IV drugs? Any other drugs?
  What kind? _____
- □ Ever had TB or been treated for active or latent TB?
- □ NONE of the above

7. Has the patient had contact with/lived with persons
- □ Sick with Tuberculosis?
- □ That were born or travel frequently outside of the USA. Where? _____
- □ That use drugs or drink alcohol?
- □ NONE of the above

8. Does the patient have or have they ever had any of these conditions:
- □ Diabetes
- □ Immune system disorder (e.g. leukemia, lymphoma)
- □ Steroid treatment for > than 2 weeks
- □ Received chemotherapy for cancer
- □ Silicosis or lung disease from mining / sand blasting
- □ Kidney failure that required dialysis
- □ Organ transplant or blood transfusions
- □ Weight loss without trying, poor appetite and /or poor nutrition, weight >10% below ideal
- □ Ever had a positive test for HIV infection or AIDS
- □ NONE of the above

TB Testing recommended?
- □ **NO low risk and active TB not suspected**
- □ **NO documented prior positive PPD or prior TB diagnosis**
- □ **YES**

Risk assessment reviewed by (provider): _____

Type of Test	Test Placed Date	Site/Signature	Lot Number/Brand (Aplisol/Tubersol)	Test Read Date	Site/Signature	Size mm
PPD Skin Test	□□/□□/□□			□□/□□/□□		□□
2 Step PPD	□□/□□/□□			□□/□□/□□		□□
Repeat PPD	□□/□□/□□			□□/□□/□□		□□

Based on the induration and above history the PPD is: □ **Negative** □ **Positive**

CXR recommended? (If active TB is suspected do CXR - don't wait for PPD result, may be false negative)

□ **YES** **CXR appointment date** □□/□□/□□ **Date CXR done** □□/□□/□□

□ **NO** **CXR Location:** _____

Reviewed by: (Provider signature)_____