



Attachment 1

INITIAL TB SCREENING QUESTIONS

1. Do you have a documented history of a prior positive TB test or latent TB infection?
_____ **Yes** _____ **No**
2. Do you have a documented history of a normal chest x-ray?
_____ **Yes** _____ **No**

RISK ASSESSMENT QUESTIONS

Health care personnel are at increased risk for TB if they answer “yes” to any of the following statements.

1. Have you had temporary or permanent residence (for greater than or equal to 1 month) in a country with a high TB rate (any country other than Australia, Canada, New Zealand, the U.S., and those Western or Northern Europe?)
_____ **Yes** _____ **No**
2. Are you currently or planning immunosuppression therapy, including HIV infection, receipt of an organ transplant treatment with a TNF – alpha antagonist (infliximab, etanercept, or other), chronic steroids (equivalent of prednisone > 15 mg/day for greater than 1 month), or other immunosuppressive medication?
_____ **Yes** _____ **No**
3. Have you had close contact with someone who has infectious TB disease since your last TB test?
_____ **Yes** _____ **No**

Signature: _____

Date: _____

Determination: _____ **Low Risk** _____ **High Risk**

TB Symptom Evaluation needed? _____ **Yes** _____ **No**

Reviewing HCP: _____

Date: _____