INITIAL TUBERCULOSIS EXPOSURE RISK ASSESSMENT

INITIAL EVALUATION OF REACTIVE (≥ 5MM INDURATION) TUBERCULOSIS SKIN TEST (TST)
OR
POSITIVE BLOOD ASSAY FOR *M. TUBERCULOSIS* INFECTION (BAMT)

FOR THE PATIENT *(Check the correct response)*

1. Have you ever had contact with a person diagnosed with active tuberculosis?	☐ YES	☐ NO	☐ NOT SURE
2. Have you recently had a fever? *(Temperature greater than 100.4 °F)*	☐ YES	☐ NO	
3. Have you had unusual sweating at night?	☐ YES	☐ NO	
4. Do you have unusual chronic fatigue?	☐ YES	☐ NO	
5. Have you experienced recent, unexplained, weight loss?	☐ YES	☐ NO	
6. Have you had a cough for 3 or more weeks?	☐ YES	☐ NO	
7. Do you have unusual shortness of breath?	☐ YES	☐ NO	
8a. Do you drink alcoholic beverages?	☐ YES	☐ NO	
8b. If yes, explain alcohol use.			
9a. Are you taking any medications?	☐ YES	☐ NO	
9b. If yes, what medications are you taking?			
10a. Do you have any chronic illnesses or liver disease?	☐ YES	☐ NO	
10b. If yes, what illness(es) do you have?			
11a. Do you have any allergies?	☐ YES	☐ NO	
11b. If yes, what allergies do you have?			
12a. Do you use tobacco?	☐ YES	☐ NO	
12b. If yes, explain.			
13. Have you ever received BCG vaccine?	☐ YES	☐ NO	☐ NOT SURE
14. Have you had a prior positive TST or BAMT?	☐ YES	☐ NO	☐ NOT SURE
15a. Have you lived or traveled outside of the United States since your last TST or BAMT?	☐ YES	☐ NO	
15b. If yes, where did you live or travel and on what dates?			
16 In what country were you born?			
FEMALES ONLY			
17. Are you or could you be pregnant?	☐ YES	☐ NO	☐ NOT SURE
18. Have you had a baby within the last 3 months?	☐ YES	☐ NO	
19. Are you breast feeding?	☐ YES	☐ NO	
20a. Are you using birth control?	☐ YES	☐ NO	
20b. If yes, what method of birth control?			

PRACTITIONER'S NAME	PRACTITIONER'S SIGNATURE	DATE
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)*	HOSPITAL OR MEDICAL FACILITY	STATUS
	DEPARTMENT / SERVICE	RECORDS MAINTAINED AT
	SPONSOR'S NAME	SSN
	RELATIONSHIP TO SPONSOR	