

Name: _____

DOB: _____

Date: _____

TUBERCULOSIS SCREENING QUESTIONNAIRE

TUBERCULOSIS RISK

- Yes No** Has this patient been diagnosed or treated for tuberculosis infection (latent TB)?
- Yes No** Was this patient born in, has resided in, or traveled for more than one month in Asia, Africa, Central America, Eastern Europe, Mexico, the Middle East, or South America (countries with an elevated risk for TB)?
- Yes No** Is this patient currently immunosuppressed, or do they plan to be immunosuppressed?
- Yes No** Has this patient had close contact with someone with infectious tuberculosis or TB disease?

