

**Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## TUBERCULOSIS SCREENING QUESTIONNAIRE

---

### TUBERCULOSIS RISK

- |     |    |   |
|-----|----|---|
| YES | NO | <b>Birth, travel, or residence</b> in a country with an elevated TB rate for at least 1 month <ul style="list-style-type: none"><li>Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe</li></ul>   |
| YES | NO | <b>Immunosuppression</b> , current or planned <ul style="list-style-type: none"><li>HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g. infliximab, etanercept, others), steroids (equivalent of <math>\geq 2\text{mg/kg/day}</math>, or <math>\geq 15\text{ mg/day}</math> for <math>\geq 2</math> weeks) or other immunosuppressive medication</li></ul> |
| YES | NO | <b>Close contact</b> to someone with infectious TB disease during lifetime  |

