

## TUBERCULOSIS EXPOSURE RISK ASSESSMENT

### FOR THE PATIENT (Including those with previous positive tuberculin skin test) (Check the correct response)

1. Since your last Tuberculosis Exposure Risk Assessment, were you exposed to anyone known to have or suspected of having active tuberculosis (i.e., individuals with persistent cough, weight loss, night sweats, and/or fever)?  Yes  No  Don't Know

2. Since your last Tuberculosis Exposure Risk Assessment or Post-Deployment Health Assessment (DD Form 2796), did you have direct and prolonged contact with any individuals of the following groups: refugees or displaced persons; patients hospitalized with tuberculosis , prisoners, or homeless shelter populations?  Yes  No

3a. Check any countries where you have traveled or deployed to since your last Tuberculosis Exposure Risk Assessment.

- |                                     |                                     |   |                                      |
|-------------------------------------|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Bangladesh | <input type="checkbox"/> Ethiopia   | <input type="checkbox"/> Pakistan           | <input type="checkbox"/> UR Tanzania |
| <input type="checkbox"/> Brazil     | <input type="checkbox"/> India      | <input type="checkbox"/> Philippines        | <input type="checkbox"/> Viet Nam    |
| <input type="checkbox"/> Burma      | <input type="checkbox"/> Indonesia  | <input type="checkbox"/> Russian Federation | <input type="checkbox"/> Zimbabwe    |
| <input type="checkbox"/> Cambodia   | <input type="checkbox"/> Kenya      | <input type="checkbox"/> South Africa       | <input type="checkbox"/> None        |
| <input type="checkbox"/> China      | <input type="checkbox"/> Mozambique | <input type="checkbox"/> Thailand           |                                      |
| <input type="checkbox"/> DR Congo   | <input type="checkbox"/> Nigeria    | <input type="checkbox"/> Uganda             |                                      |

If any of these listed countries are selected, answer question 3c.

Other \_\_\_\_\_

If "other" is checked, write in the name of the country or countries.

3b. Have you recently traveled to Afghanistan for any reason other than as part of a deployment requiring completion of a Post Deployment Health Assessment (PDHA)?  Yes  No If Yes, go to 3c. Otherwise, go to 4a.

3c. During this travel, did you have prolonged direct contact with the local population? Prolonged direct contact is generally understood as having been within six feet of a person with a bad continuous cough for at least 8 consecutive hours on a single day, or for a total of at least 15 hours per week of a multi-week stay.  Yes  No

4a. Have you recently had a chronic cough lasting more than 2 weeks?  Yes  No

4b. If you marked YES to chronic cough, did you have any of the following at the same time?

- Fever     Cough up Blood     Unexplained Weight Loss     Night Sweats

If any are checked, see the medical officer for evaluation.

### FOR THE SCREENER

1. Questions 1 through 4 reviewed, all responses are negative, no further action is required.  Yes  No

2. There is at least one positive answer, patient to continue to medical officer for assessment.  Yes  No

### FOR THE PROVIDER

(Expand on above answers to document decision making in determining risk)

(Note: Prior treated TST reactors require clinical evaluation to rule out active TB, not a repeat TST).

1. Provider Comments

2. Tuberculosis risk assessment, based on above responses  
(If the answer to one or more of questions 1, 2, 3c, or 4b is a YES, test the patient.)  Minimal Risk  Increased Risk

3. Recommend Latent Tuberculosis Infection (LTBI) Testing  Yes  No

PROVIDER'S NAME	PROVIDER'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
DEPARTMENT / SERVICE		STATUS
SPONSOR'S NAME		RECORDS MAINTAINED AT
RELATIONSHIP TO SPONSOR		