



ADULT TUBERCULOSIS (TB) EXPOSURE RISK ASSESSMENT

Questionnaire to determine whether the Mantoux tuberculin skin test (TST) should be administered.

Name: _____ Date of Birth: _____ Age: _____

Date of Service: _____

The healthcare worker should ask the following questions during each periodic health assessment:

1. Have you or anyone you are in frequent contact with been diagnosed with or suspected of having active tuberculosis (TB)?
☐ Yes ☐ No
2. Do you have family members or people you live with who were born in countries with high TB prevalence (most countries in Asia, Africa, Latin America, or parts of Eastern Europe)?
☐ Yes ☐ No
3. Were you born in, or have you traveled to, countries with high TB prevalence (most countries in Asia, Africa, Latin America, or parts of Eastern Europe)?
☐ Yes ☐ No
4. Have you lived in foster homes or other institutional settings (such as residential or care facilities)?
☐ Yes ☐ No
5. Do you have an HIV infection or another condition that causes immunosuppression?
☐ Yes ☐ No
6. Do you live with someone who is HIV positive?
☐ Yes ☐ No
7. Have you lived with or frequently visited people who have been incarcerated in the last 5 years?
☐ Yes ☐ No
8. Do you live among, or have you had frequent contact with, homeless individuals, migrant workers, intravenous drug users, or residents of shelters?
☐ Yes ☐ No
9. Do you consume alcoholic beverages?
☐ Yes ☐ No If yes, how much?: _____



INSTRUCTIONS FOR HEALTHCARE WORKER:

Administer the Mantoux tuberculin skin test to all adults who respond **yes** to any of the above risk factors, unless:

1. The patient has a previously **DOCUMENTED** positive Mantoux test result, or
2. The patient has had a TST within the last year.

**DOCUMENTED = recorded with date and size of induration in millimeters.*

Name of healthcare worker completing this form: _____

Date: _____