



**REPORT OF TUBERCULOSIS SCREENING**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

DOB \_\_\_\_\_

THE ABOVE NAMED INDIVIDUAL HAS BEEN EVALUATED FOR TUBERCULOSIS. BASED ON THE AVAILABLE INFORMATION, THIS INDIVIDUAL CAN BE CONSIDERED FREE OF TUBERCULOSIS IN A COMMUNICABLE FORM.

\_\_\_\_\_ Further testing is not indicated at this time due to the absence of symptoms suggestive of active Tuberculosis, risk factors for developing active TB or known recent contact exposure.

\_\_\_\_\_ This individual has a history of a positive tuberculin skin test. Follow up chest X-Ray is not Indicated at this time due to the absence of symptoms suggestive of active tuberculosis.

\_\_\_\_\_ This individual had a chest X-Ray on \_\_\_\_\_ that showed no evidence of active Tuberculosis. As a result of this chest X-Ray and absence of symptoms suggestive of active Tuberculosis disease no further evaluation is required at this time.

\_\_\_\_\_ This individual had a T-SPOT test performed on \_\_\_\_\_. The results of this test were

NEGATIVE

POSITIVE

INCONCLUSIVE

\_\_\_\_\_ This individual had a QuantiFERON TB Gold test performed on \_\_\_\_\_. The results of this test were.

NEGATIVE

POSITIVE

INCONCLUSIVE

\_\_\_\_\_ This individual has been referred to the Health Department for further evaluation.

\_\_\_\_\_  
(Signature of MD, PA-C, NP)

\_\_\_\_\_  
(Date)

EMERGICARE OF HARRISONBURG  
 755 A MLK JR WAY, HARRISONBURG VA 22801  
 PHONE: 540-432-9996 \* FAX: 540-432-9997

TB RISK ASSESSMENT FORM

ACCT# \_\_\_\_\_

TODAYS DATE:		
NAME:		
DOB:	SEX:	MALE      FEMALE
BIRTH COUNTRY:		

PAST DIAGNOSIS OF TUBERCULOSIS (PLEASE CIRCLE ONE BELOW)

Have you ever had tuberculosis?	YES	NO
Have you ever had a positive ppd skin test?	YES	NO
Have you ever had a BCG vaccine?	YES	NO

SCREENING FOR TB SYMPTOMS

Do you have a cough that has lasted more than 3 weeks?	YES	NO
Have you spit up or coughed up blood?	YES	NO
Have you had an ongoing fever?	YES	NO
Have you lost weight without trying?	YES	NO
Do you have night sweats?	YES	NO
Have you had a loss of appetite?	YES	NO
Do you feel tired or fatigued?	YES	NO
Were you born, lived or traveled for more than 3 months to one of the countries on the back of this form.	YES	NO
Do you have HIV, AIDS, Diabetes, Lymphoma or Immune Disorder	YES	NO
Have you ever lived with or been in close contact to a person known or suspected of being sick with TB	YES	NO
Have you ever lived, worked, or volunteered in any homeless shelter, prison/jail, hospital or drug rehab unit, nursing home or residential healthcare facility?	YES	NO

Screener's Name & Title:
Screener's Signature:
Date:

Check All that Apply.

- No Risk factors for TB Infection
- Screening Positive for Risk Factors. Further Evaluation Needed
- Previous treatment for TB. No further evaluation needed at this time.
- Referred for CXR
- Referred for T-SPOT
- Referred for QuantiFERON TB Gold

\_\_\_\_\_  
 (Patient Signature & Date)

Afghanistan  
Algeria  
Angola  
Anguilla  
Argentina  
Armenia  
Azerbaijan  
Bahamas  
Bahrain  
Bangladesh  
Belarus  
Belice  
Bennin  
Bhutan  
Bolivia  
Bosnia &  
Herzegovina  
Botswana  
Brazil  
Brunei  
Darussalam  
Bulgaria  
Burkina Faso  
Burundi  
Cambodia  
Cameroon  
Cape Verde  
Central Africa Rep  
Chad  
China  
Colombia  
Comoros

Congo  
Congo DR  
Cote d'Ivoire  
Croatia  
Djibouti  
Dominican Rep  
Ecuador  
Egypt  
El Salvador  
Equatorial Guinea  
Eritrea  
Estonia  
Ethiopia  
Fiji  
French Polynesia  
Gabon  
Gambia  
Georgia  
Ghana  
Guam  
Guatemala  
Guinea  
Guinea-Bissau  
Guyana  
Haiti  
Honduras  
India  
Indonesia  
Iran  
Iraq  
Japan  
Kazakhstan

Kenya  
Kiribati  
Korea DPR  
Korea-Republic  
Kuwait  
Kyrgyzstan  
Lao PDR  
Latvia  
Lesotho  
Liberia  
Lithuania  
Macedonia  
TFYR  
Madagascar  
Malawi  
Malaysia  
Maldives  
Mali  
Marshall Islands  
Mauritania  
Mauritius  
Mexico  
Micronesia  
Moldova-Rep  
Mongolia  
Montenegro  
Morocco  
Mozambique  
Myanmar  
Namibia  
Nauru  
Nepal

New Caledonia  
Nicaragua  
Niger  
Nigeria  
Niue  
N. Mariana Islands  
Pakistan  
Palau  
Panama  
Papua New Guinea  
Paraguay  
Peru  
Philippines  
Poland  
Portugal  
Qatar  
Romania  
Russian Federation  
Rwanda  
St Vincent &  
The Grenadines  
Sao Tome &  
Principe  
Saudi Arabia  
Senegal  
Seychelles  
Sierra Leone  
Singapore  
Solomon Islands  
Somalia  
South Africa  
Spain

Sri Lanka  
Sudan  
Suriname  
Syrian Arab Rep.  
Swaziland  
Tajikistan  
Tanzania-UR  
Thailand  
Timor-Leste  
Togo  
Tokelau  
Tonga  
Tunisia  
Turkey  
Turkmenistan  
Tuvalu  
Uganda  
Ukraine  
United Arab  
Emirates  
United Kingdom  
Uruguay  
Uzbekistan  
Vanuatu  
Venezuela  
Viet Nam  
Wallis & Futuna Islands  
W. Bank & Gaza Strip  
Yemen  
Zambia  
Zimbabwe