

**Garrett County Health Department
Tuberculosis Risk Assessment Form**

Name: _____
(Please Print) (Last) (First) (Middle)

Birthdate ____ / ____ / ____

The Centers for Disease Control and Prevention and the United States Public Health Service recommend that tuberculosis skin testing be performed on all individuals who may be at increased risk of tuberculosis as a result of a medical condition or previous residence in a country with an increased prevalence of tuberculosis.

Please complete the following form completely. Place a checkmark in the box in front of the section if any item in the section is true for you. **IF YOU CHECK ONE OF THE BOXES IN SECTIONS 1-4 YOU ARE REQUIRED TO HAVE A TUBERCULOSIS (PPD) SKIN TEST.**

Check the box at the bottom of the page if Sections 1-4 **do not** apply to you. Sign and date the form at the bottom. If you are under eighteen years of age, your parent or guardian will need to sign the form.

Section 1: Check this box if you have any of the following **Possible Symptoms of Tuberculosis:**

- Unexplained weight loss
- Unexplained elevation of temperature for more than one week
- Unexplained night sweats
- Unexplained persistent cough for more than 3 weeks
- Unexplained cough productive of bloody sputum

Section 2: Check this box if you have any of the following **Risk Factors for Tuberculosis Infection:**

- Close contact with a known case of active tuberculosis
- Use of illegal injected drugs
- HIV (Human Immunodeficiency Virus) Infection
- Health Care Worker
- Resident or employee in a congregate living setting (nursing home, homeless shelter, correctional facility)

Section 3: Check this box if you have any of the following **Risk Factors for Tuberculosis Disease:**

- lymphoma, leukemia or cancer of the head, neck or lung
- chronic kidney failure silicosis
- gastrectomy or jejunum-ileal bypass
- long-term immunosuppressive therapy

Section 4: Check this box if you have immigrated from any of the following **Areas with a High Prevalence of Tuberculosis** in the past five years as defined by the World Health Organization and the Maryland State Department of Health and Mental Hygiene.

- **Africa**-All countries
- **Asia/Southeast Asia/Pacific Islands**-All countries
- **North, Central & South America**-Argentina, Bahamas, Belize, Bolivia, Brazil, Costa Rica, Columbia, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Venezuela
- **Europe**-Belarus, Bosnia-Herzegovina, Bulgaria, Croatia, Estonia, Hungary, Latvia, Lithuania, Macedonia, Moldova, Poland, Portugal, Romania, Russian Federation, Serbia, Slovak Republic, Slovenia, Ukraine, Yugoslavia
- **Middle East**-Bahrain, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, Turkey, Yemen

No, none of the items listed in Sections 1- 4 apply to me. (No TB Skin Test is required)

Signature

Date

Reviewed by

Date