

Tuberculosis Risk Assessment

Name of Volunteer: _____ Relationship to child: _____

Name of child: _____ Volunteer Site: _____

1. Were you born outside of the United States? ☐ Yes ☐ No

Where were you born? _____

2. Have you ever traveled outside the United States? ☐ Yes ☐ No

If yes,

- Where did you travel? _____
- With whom did you stay? _____
- When did you travel (Month/Year)? _____

3. Do you know if you have had close contact with a person who has a positive TB skin test?

☐ Yes ☐ No

4. Do you know if you have been exposed to anyone with TB disease?

☐ Yes ☐ No

If yes, please answer these questions:

- Do you know if the person had a TB disease or latent TB infection? Please circle all that apply:
TB disease Latent Infection Don't know
- When did you last have contact with that person (Month/Year)? _____
- How are you related to the person with TB disease or latent TB infection?

5. Have you ever had a positive TB skin test? ☐ Yes ☐ No

6. Do you know if you have been in contact with someone who has **recently** (within the last year) been in jail or prison? ☐ Yes ☐ No

I certify that all the information is true and correct to the best of my knowledge:

Volunteer Signature: _____ Date: _____

Risk Assessment Performed by: (Nurse Signature/Date) _____

PPD Test Needed: ☐ Yes ☐ No Date of Referral: _____