|  |  |
| --- | --- |
|  | **TUBERCULOSIS RISK ASSESSMENT FORM** |

**Last Name**: **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: / / **Age:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: **Sex**: ❐Male ❐Female ❐ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician/Health Care Provider**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Health Card Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HISTORY OF TUBERCULOSIS**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Have you ever been diagnosed with active TB disease? | ❐Yes | ❐No | If yes, when and what treatment was provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Have you ever been diagnosed with a tuberculosis infection (latent) (positive Tuberculin Skin Test or IGRA)? | ❐Yes | ❐No | If yes, when: |
| 1. Have you ever been treated for a tuberculosis infection (latent)? | ❐Yes | ❐No | If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**TB RISK FACTORS:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Have you ever been in close contact with someone who was sick with TB? | ❐Yes | ❐No | If yes, when: |
| 1. Are you an immigrant from a country with a high incidence of TB\*? | ❐Yes | ❐No | If yes, name of country: |
| 1. Have you ever traveled to a country with a high incidence of TB\*? | ❐Yes | ❐No | If yes, name of country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Have you ever been homeless or underhoused at any time? | ❐Yes | ❐No | If yes, when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Have you ever lived in an Indigenous community? | ❐Yes | ❐No | If yes, where: |
| 1. Have you ever had an occupational exposure to TB (e.g., hospital, shelter, correctional facility, LTCH, staff and volunteers)? | ❐Yes | ❐No | If yes, specify: |
| 1. Have any ever lived in a communal setting (e.g., LTCH, shelter, or correctional facility)? | ❐Yes | ❐No | If yes, where: |
| 1. Do you have any of the following medical conditions? |  |  |  |
| * Stage 4 or 5 chronic kidney disease (with or without dialysis) | ❐Yes | ❐No |  |
| * Cancer (lung, sarcoma, leukemia, lymphoma, or gastrointestinal) | ❐Yes | ❐No |  |
| * Transplant recipients (solid organ or hematopoietic) | ❐Yes | ❐No |  |
| * HIV/AIDS | ❐Yes | ❐No |  |
| * Receiving immunosuppressive drugs (e.g., tumor necrosis factor α inhibitors or treatment with moderate or high dose glucocorticoids (>10mg/day prednisone)) | ❐Yes | ❐No |  |
| * Silicosis | ❐Yes | ❐No |  |
| * Fibronodular disease | ❐Yes | ❐No |  |
| * Recent TB Infection (in the last 2 years) | ❐Yes | ❐No |  |
| * Diabetes | ❐Yes | ❐No |  |
| * Granuloma on chest x-ray | ❐Yes | ❐No |  |
| * Heavy alcohol use (at least 3 drinks/day) | ❐Yes | ❐No |  |
| * Heavy tobacco cigarette smoker (at least 1 pack/day) | ❐Yes | ❐No |  |

\* Countries and territories with the highest incidence rates of Tuberculosis in 2019 can be found on page 13 of the World Health Organization (2021 or most recent) *WHO global lists of high burden countries for TB, multidrug/rifampicin-resistant TB (MDR/RR-TB) and TB/HIV, 2021–2025* document, available at: [who\_globalhbcliststb\_2021-2025\_backgrounddocument.pdf](https://cdn.who.int/media/docs/default-source/hq-tuberculosis/who_globalhbcliststb_2021-2025_backgrounddocument.pdf?sfvrsn=f6b854c2_9)



**SYMPTOM SCREENING**:

Do you have any of the following symptoms that are new or not explained by another cause?

❐Cough lasting >2-3 weeks ❐Hemoptysis ❐Productive cough ❐Shortness of breath

❐Chest pain ❐Fever ❐Chills ❐Night Sweats

❐Anorexia (loss of appetite) ❐Weight Loss of kg

❐Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Symptomatic**: ❐No ❐Yes If Yes, ONSET date: / /

If symptomatic, the individual should be referred for medical assessment and a chest x-ray (posteroanterior and lateral) should be performed. If pulmonary TB is suspected, at least three sputum specimens taken at least one hour apart should be collected and tested with microscopy and culture. Admittance to the facility should be delayed until pulmonary TB is ruled out.



**ADDITIONAL COMMENTS:**



**RECOMMENDATIONS:**

**Health Provider Signature: Date Completed: / /**