TUBERCULOSIS (TB) SCREENING FORM

TUBERCULOSIS (TB) SCREENING FORM TODAY'S DATE: ___/___/_____

PATIENT'S NAME: _____ / ____ D.O.B.: ___

Last First Middle

B. ASSESSMENT OUTCOME AND TEST ADMINISTRATION (TO BE COMPLETED BY CLINIC)

☐ Prior Documentation (or convincing history) of TB or LTBI:
No TB test needed. Patient may still need evaluation for treatment for LTBI or active TB.

TB Risk Category (check one box only):

☐ Medical risk factor (includes contacts to active TB cases) (questions 5-12)

[redacted]