

REGISTRATION FOR TB RISK EVALUATION

Last Name _____ First Name _____ MI _____

Street Address _____

City/County _____ Zip _____

Date of Birth ____ / ____ / ____ Race _____ Gender: Male Female

Country of Birth _____ Phone # _____

Position Applied For: _____

Prior TB test date ____ / ____ / ____ Prior TB test result: Negative Positive

Please answer the following questions by checking the appropriate box.	YES	NO
Have you ever lived outside of the United States? If yes, Where? _____ Inclusive Dates: From: _____ To: _____		
Have you ever lived with or worked with someone while they had tuberculosis? If yes, inclusive dates: From: _____ To: _____		
Do you have any of the following symptoms: fever, chills, loss of appetite, night sweats, harsh cough, weight loss, spitting up blood?		
Have you ever been tested for HIV that revealed positive results?		
Have you ever shared needles for drug use, been homeless, lived in a country with a high prevalence of TB, been a health care worker, or been a resident in a congregate living situation (such as a shelter or jail)?		
Have you ever had silicosis, immunosuppressive therapy, cancer, gastrectomy, diabetes, end stage renal disease or now weigh 10% below ideal weight?		

The above named person has been screened in accordance with Roanoke County Health Department TB Control Guidelines on ____ / ____ / _____. After an assessment of the risk of the above person, it has been determined, based on the history given to us and our knowledge of the risk of tuberculosis in this community, that this person does not have sufficient risk of tuberculosis and does not need testing.

Reviewed by: _____

The above named person has answered yes to 1 or more of the questions, however given this history and lack of symptoms, there is no indication for further testing.

Associate Director of Health Services _____

The above named person is being referred to a health care provider for further evaluation/testing.

Associate Director of Health Services _____

I attest that the information given on the risk evaluation is correct.

Signature _____ **Date** _____