

First Start Partnerships for Children and Families
Chambersburg, Pa. 17201
(717) 263-8019

Employee's Name: _____

Work Location: _____

TB (Tuberculosis) RISK ASSESSMENT

Risk assessments for exposure to TB checklist.

(please circle either yes or no)

YES / NO Has the adult been exposed to anyone with active TB since their last test or TB Risk Assessment?

YES / NO Has the adult been with anyone that lives / works in a nursing home?

YES / NO Has the adult been with anyone that has a long-standing cough?

YES / NO Has the adult been with anyone who is infected with HIV (aids)?

YES / NO Has the adult been with anyone who is an IV drug user?

YES / NO Has the adult been with anyone who has been in jail for more than 72 hours?

YES / NO Has the adult visited a foreign country where TB is common since their last test or TB Risk Assessment?

Staff Signature

Date