

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

## **TB Risk Screening Form**

### Tuberculosis Control Program

Phone: (239) 252-6007

Fax: (239) 963-0358

#### **TB Symptoms**

Unexplained weight loss greater than 3 weeks?  Yes  No

Fever Greater than 3 days?  Yes  No

Productive cough greater than 3 weeks?  Yes  No

#### **History of TB/LTBI**

Have you ever been tested for TB?  Yes  No  Unknown

If yes, what type of test?  Skin Test  Blood Test  Unknown

When? \_\_\_\_\_

What were the results?  Positive  Negative  Unknown Result millimeters: \_\_\_\_\_

Have you ever taken medication for TB?  Yes  No  Unknown

If yes, what TB Medication(s)?

Isoniazid  Rifamycin  Ethambutol  Pyrazinamide  Unknown  Other \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_ How many months taken? \_\_\_\_\_

Have you ever been told that you have an abnormal chest x-ray consistent with TB?

Yes  No  Unknown

If yes, when were you told? \_\_\_\_\_ Where? \_\_\_\_\_

#### **Risk Factors for Exposure**

Have you ever been a contact to an infectious case of TB?  Yes  No

If yes, when were you last around this person? \_\_\_\_\_

Were you born in a country other than the U.S.?  Yes  No

If yes, what country were you born in? \_\_\_\_\_

Date Arrived in U.S.? \_\_\_\_\_

Have you ever been incarcerated or worked in a jail or correctional facility?  Yes  No

If yes,  Employee  Inmate

Have you ever been a resident or worked in a long-term residential facility?  Yes  No

If yes, name and location of facility: \_\_\_\_\_

Have you been a resident or worked in a shelter for the homeless?  Yes  No

Have you been a seasonal migrant farm worker?  Yes  No

Have you ever worked as a healthcare worker?  Yes  No

Are you a healthcare worker that routinely provides direct care to patients with pulmonary symptoms?

Yes  No

Have you ever worked in a lab that processes TB specimens?  Yes  No

### **Risk Factors for Progression to Disease**

Have you engaged in any of the following:  Client Denies all

Drinking alcohol  Injecting recreational drugs  Using high risk substances

Do you have any of the following medical conditions? (Check all that apply)  Client Denies all

Cancer of the head or neck or lung

Chronic Corticosteroid Treatment

Chronic Immunosuppressive Treatment

End Stage Renal Disease

Diabetes

Gastrectomy/Ileal Bypass

HIV Infection

Leukemia

Lymphoma

More than 10% Below Ideal Body Weight

Organ Transplant

Silica Exposure

Referred to TB Program?  Yes

If yes, Reason for referral:  TB-like Symptoms  Previous Positive  Incomplete Treatment

Additional Comments:

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### **Reasons for Testing** (select reason if TB testing (TST/IGRA) is to be performed)

Contact

Suspect/Disease

Source Case Investigation

Refugee

Class A, B1, B2 or B3

Individual Targeted (i.e., healthcare worker, student)

Project Targeted

CHD employee

Administrative (i.e., low risk individual; seeking employment; school)