Appendix E **rev 04/01/2022**
Attachment 8A

Tuberculosis Screening Tool

Individual's Name: _____

Date of Screen: _____

(1) Have you traveled extensively (more than 4 weeks) outside the U.S. in the last five years to high TB incidence areas (Asia, Africa, South America, Central America)?
___yes ___no

(2) Are you an immigrant from a high TB risk foreign country (includes countries in Asia, Africa, South America, and Central America)?
___yes ___no

(3) Have you resided in any of these facilities in the past year: jails, prisons, shelters, nursing homes and other long-term care facilities such as rehabilitation centers? (If an individual was a resident of any of these facilities and tested within the past 3 months they do not need to be reassessed.
___yes ___no

(4) Have you had any close contact with someone diagnosed with TB?
___yes ___no

(5) Have you been homeless within the past year?
___yes ___no

(6) Have you ever been an injection drug user?
___yes ___no

(7) Do you or anyone in your household currently have the following symptoms such as a sustained cough for 2 or more weeks, coughing up blood, fever/chills, loss of appetite, unexplained weight loss, fatigue, night sweats?
___yes ___no

(8) Do you currently have or anticipate having any condition that would decrease your immune system? (Examples: HIV infection, organ transplant recipient, treatment with TNF-alpha antagonist (e.g. infliximab, etanercept, others), steroids (equivalent dose of Prednisone 15mg/day for one month or longer) or any other immunosuppressive medications)

Individual is considered high risk for TB if he/she responds with a "yes" to any of the above questions and a referral to the County Public Health TB clinic is recommended.

The Drug and Alcohol Provider has explained to me the results of this screening tool.

If "at risk":

I do / do not request a referral to the Health Clinic.

_____
Individuals Signature

Date/Time Referral was made to the Health Clinic: _____

Counselors signature: _____