

**TUBERCULOSIS RISK ASSESSMENT FORM
FOR RESIDENTS OF COMMUNITY CARE FACILITIES, less than 60 years old**

Residents **less than 60 years old**: In all cases, routine skin testing (TST) is required, however, it may be done within one month after admission to the facility. If any of the following risk factors exist for you (resident named above) you must be referred to the local Health Unit or your doctor for further testing. Note: For substance use facilities, the TST screen is required, however, it may be done at the discretion of the facility. Please read the list of risk factors carefully and indicate if you need to be referred for further testing: *(Please note that you do not need to indicate which risk factor exists)*.

The following persons in care less than 60 years old will be considered at-risk and need to be tested for tuberculosis:

- those who in the past five years have lived or worked in a country with a high prevalence of tuberculosis, such as China, Vietnam, Philippines, Hong Kong, Indian Subcontinent, Eastern Europe, Africa, Mexico, Korea, and others
- those who self-identify as Indigenous and have recently worked or lived in a First Nations community
- those who are symptomatic (i.e. chronic cough, weight loss, night sweats)
- those with a previous history of tuberculosis
- those who are immunocompromised
- those with a history of non-resolving pneumonia
- those with a history of substance abuse (drugs or alcohol)
- those with a known contact to infectious TB disease within the prior two years

Please check one of the following boxes:

- TST is done positive negative
- Yes**, one or more of the above risk factors is applicable and documentation of further tuberculosis testing will be provided.
- No**, none of the risk factors listed above is applicable.
- Unknown**, cannot determine presence of above listed risk factors as history is not known.

Name of person filling out form:

(Print Name) _____

(Signature) _____

(Relationship to Resident) _____

Note: Previous TST results are valid if done within the past 6 months, and no new TB signs or symptoms are present.

To be completed by the facility:

*** Presence of any of the above risk factors or an unknown history requires referral to a physician for further follow-up.**

Referred to physician Date of referral: _____

Name of physician: _____

Referred by: **(Print Name)** _____

(Signature) _____