

Name of Person in Care:	

## TUBERCULOSIS RISK ASSESSMENT FORM FOR PERSON IN CARE OF COMMUNITY CARE FACILITIES – LESS THAN 60 YEARS OLD

Residents **less than 60 years old:** if any of the following risk factors exist for you (person in care named above) you must be referred to the local Health Unit or your doctor for further testing. 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*).

- those who in the past five years have lived or worked in a country with a high prevalence of tuberculosis. (Including China, Vietnam, Philippines, Hong Kong, Indian Subcontinent, Eastern Europe, Africa, Mexico, Korea)
- those of aboriginal ancestry
- 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 drug or alcohol addiction
- those with a known contact to infectious TB disease within the prior two years

Please check one of the following boxes:			
<ul> <li>Yes, one or more of the above risk factors is applicable and documentation of further tuberculosis testing will be provided.</li> <li>No, none of the risk factors listed above is applicable.</li> <li>Unknown, cannot determine presence of above listed risk factors as history is not known.</li> </ul>			
Name of person filling out form:			
(print name)			
signature)			
relationship to person in care)			
To be completed by the facility:			
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.			
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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:			



Immunization

**Note:** This form is only applicable to persons in care age 13 years and older. As vaccination recommendations change frequently please check the BC Communicable Disease Control website for current recommendations:

www.bccdc.ca/health-info/immunization-vaccines/immunization-schedules

Name of Person in Care:	

## PERSON IN CARE IMMUNIZATION RECORD

Yes No Unknown Frequency of Booster

## PART A - To be completed upon admission to the facility.

To the best of my knowledge my current immunization status is as indicated below.

**Recommended Immunizations:** (check one box for each immunization listed)

			Date of last booster (if known)  None  None  None  Annually - Date of last immunization (if known)			
			None  None  Annually - Date of last immunization (if known)			
			None  Annually - Date of last immunization (if known)			
			Annually - Date of last immunization (if known)			
<u> </u>			(if known)			
			None			
			No booster required.			
Person in care or alternate's signature:  Relationship to person in care:  Date:  PART B — To be completed by the Facility						
PART B – To be completed by the Facility  Resident immunization status for the above recommended immunizations is:						
Complete (person in care has all recommended immunizations)  Medical certificate/record is on file  Yes  No  Not available						
Incomplete  If incomplete or unknown immunization status: (check all that apply)  Person in Care encouraged to obtain recommended immunizations.  Person in Care has obtained recommended immunizations or boosters and provided verification.  Facility's policy regarding accommodating persons in care who are not immunized or incompletely immunized was reviewed with this person in care or alternate.  Reviewed by: Date:						
n n n a gd	gnatu in ca Da I by or the e has is or imm coura s obt acco with	gnature: in care: Date:  I by the Factor the above thas all recois on file  immunization couraged to sobtained accommod with this personner.	in care:  Date:  I by the Facility  or the above recommended is on file  immunization status: couraged to obtain recommended accommodating persor with this person in care			