

# Sun City Medical Partners

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## Adult TB Exposure Risk Assessment

(Evaluation questionnaire to determine if Mantoux Tuberculin Skin Test (TST) is indicated)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### The health care worker is to ask the following questions during each periodic health assessment:

1. Have you or anyone you see regularly been diagnosed or suspected of being sick with active disease?  Yes  No
2. Do you have family members or frequent visitors who were born in high TB prevalence countries (most countries from Asia, Africa, Latin America, parts of Eastern Europe)?  Yes  No
3. Were you born in, or travel to high TB prevalence countries (most countries from Asia, Africa, Latin America, parts of Eastern Europe)?  Yes  No
4. Do you live in out of home placements (such as foster care or residential facilities)?  Yes  No
5. Do you have HIV infection or other immunosuppressive condition(s)?  Yes  No
6. Do you live with someone with HIV seropositivity?  Yes  No
7. Do you live or frequently visit with persons who have been incarcerated in the last 5 years?  Yes  No
8. Do you live among or been frequently around individuals who are homeless, migrant workers, users of street drugs, or residents in nursing homes?  Yes  No
9. Do you consume alcoholic beverages?  Yes  No

### INSTRUCTIONS TO HEALTH CARE WORKER:

Administer the Mantoux TB skin test to all adults who have any of the above risk facts (indicated by a YES response) UNLESS

1. The patient has previously **DOCUMENTED\*** positive Mantoux TST, or
2. The patient has had a TST within the last year.

Note: Trained medical personnel must read the skin test.

**\*DOCUMENTED** record indicating date of Mantoux and the millimeter results.

Health Care Worker completing form: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_