Tuberculosis Screening Certificate

Name: _____
Last First Middle

Date of Birth: _____
Month Date Year

Tuberculosis Risk Screening (check all that apply). Plant a Tuberculin Skin Test (**TST**) if has one or more of risks listed.

☐ Born in a high risk country (countries other than the US, Canada, Australia, New Zealand, or Western European countries) **and** not had a documented negative **TST**.

☐ Traveled for more than 1 week or lived more than 3 months in a high risk country since last documented negative **TST**
(Plant TST when more than 10 weeks since return).

☐ Has a family or household member or close contact who had a positive **TST** or active tuberculosis since last documented negative **TST**

☐ Client or a family or household member of close contact has been a resident in a congregate living setting such as a shelter, prison, jail, nursing home or assisted living facility since last documented negative **TST**

☐ Has had close contact with person with a history of using IV drugs since client's last documented negative **TST**

☐ Has had close contact with someone (including babysitter) from a high risk country since last documented negative **TST**.

_____No risk factors identified, no Tuberculin Skin Test **(TST)** needed

_____Risk factor identified, **TST** required

_____**TST** results read: _____Date _____mm.

_____Prior documented **(+) TST**, no **TST** planted

Additional information: _____

Signed:_____ Date_____

Physician or designee

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