TB RISK ASSESSMENT DIRECTIONS

Tips on filling out the form:

Page 1:

Date of assessment and/or examination – please enter the date you are filling out the form

History of TB – Please check the box accordingly

TB testing is recommended if – do not check any of these boxes unless one or more of them apply to you

Page 2:

Date of assessment and/or examination – please enter the date you are filling out the form

PLEASE DO NOT SIGN YOUR NAME AT THE BOTTOM OF THE PAGE. THIS IS FOR THE NURSES SIGNATURE.

Please contact me if you have any questions.

Thank you,

Rhonda