TB Form G: State of Hawai'i TB Risk Assessment for Adults and Pediatric Persons

Hawai'i State Department of Health
Tuberculosis Control Program

1. Check for TB Risk Factor(s): * Refer to Document J for country TB case rates.

Being born in, living in, visiting (≥ three weeks) a country with a high TB case rate is a risk factor. Being visited by someone from a country with a high TB case rate is a risk factor.

- **If there are ANY risk factors, further TB testing (TST / IGRA / chest X-ray) is required for TB clearance.**
- **Form G is NOT a TB clearance. Please complete Form F to issue a TB clearance.**

Country of Birth: _____ □ **has** □ **does not have** a high TB case rate**. ***

The United States, Japan, Canada, Australia, New Zealand, Western Europe (Great Britain, France, Spain, Portugal, Germany), Northern Europe (Norway, Sweden, Denmark) have low TB case rates.

a. Initial Evaluation: I □ **have not** □ **have** traveled to (or lived in) a foreign country for a total of three weeks or longer. **Name of foreign country (countries)**: _____

b. Annual (follow-up) Evaluation: Since my last TB clearance**,** I □ **have** □ **have not** traveled to (or lived in) a foreign country for a total of three weeks or longer.
Name of foreign country (countries)*: _____

Initial Evaluation: I □ **have not** □ **have** been in contact with someone with (infectious) TB disease.

Annual (follow-up) Evaluation: **Since my last TB evaluation**, I □ **have** □ **have not** been in contact with someone with (infectious) TB disease.

I □ **have** □ **do not have a health problem that affects my immune system,** e.g. *HIV/AIDS, chronic steroids (one month or longer), transplant recipient, cancer requiring radiation or chemotherapy.*

I □ **have** □ **do not have a medical treatment planned that may affect my immune system**, e.g. *treatment with TNF-alpha antagonist (e.g. Humira, Enbrel, Remicade), chemotherapy, chronic steroids (e.g. Prednisone for one month or longer).*

a. Initial evaluation: I □ **have** □ **have not** lived with someone who was born in a foreign country.
Name of foreign country *: _____

b. Annual (follow-up) evaluation: Since my last TB evaluation -

1) I □ **have** □ **have not** lived with someone who was born in a foreign country**.**
Name of foreign country *: _____

2) One or more people □ **did not visit my home** for a total of three weeks or longer**.**
One or more people □ **did visit my home** for a total of three weeks or longer and,
□ **was/were** □ **was/were NOT** from a foreign country *****.
Name of foreign country *: _____

Medical Staff reviewing symptom screen and risk factors (RN/LPN/MD/DO/APRN/NP/PA):	**Client/Patient's Name and DOB:**
Assessment Date:	**Name and Relationship of Person Providing Information (if not the above-named person):**