

## TB Document G: State of Hawaii TB Risk Assessment for Adults and Children

Hawaii State Department of Health Tuberculosis Control Program

<ul> <li>1. Check for TB symptoms</li> <li>If there are significant TB symptoms, then further testing (including a chest x-ray) is required for TB clearance.</li> <li>If significant symptoms are absent, proceed to TB Risk Factor questions.</li> </ul>			
☐ Yes	<b>Does this person have significant TB symptoms?</b> Significant symptoms include <u>cough for 3 weeks or more</u> , plus at least one of the following:		
	☐ Coughing up blood ☐	Fever	☐ Night sweats
	☐ Unexplained weight loss ☐	Unusual weakness	☐ Fatigue
<ul> <li>2. Check for TB Risk Factors</li> <li>If any "Yes" box below is checked, then TB testing is required for TB clearance</li> <li>If all boxes below are checked "No", then TB clearance can be issued without testing</li> </ul>			
☐ Yes ☐ No	Was this person born in a country with an elevated TB rate? Includes countries other than the United States, Canada, Australia, New Zealand, or Western and North European countries.		
☐ Yes ☐ No	Has this person traveled to (or lived in) a country with an elevated TB rate for four weeks or longer?		
☐ Yes ☐ No	At any time has this person been in contact with someone with <i>infectious TB disease</i> ? (Do not check "Yes" if exposed only to someone with latent TB)		
☐ Yes	Does the individual have a health problem that affects the immune system, or is medical treatment planned that may affect the immune system?  (Includes HIV/AIDS, organ transplant recipient, treatment with TNF-alpha antagonist, or steroid medication for a month or longer)		
□ No			
☐ Yes ☐ No	For persons under age 16 only: Is someone in the child's household from a country with an elevated TB rate?		
Provide	Name with Licensure/Degree:	Person's Name and D	OOB:
Assessment Date:		Name and Relationship of Person Providing Information (if not the above-named person):	