**Adult Tuberculosis Risk Assessment**

1. Have you ever had tuberculosis?  
   - YES  
   - NO  
   *If yes, was it transmitted:  
     - Maternally  
     - Paternally  
     - Other: _________  
   *If yes, were you treated and what year? ________________

2. Were you born outside the United States?  
   - YES  
   - NO  
   *If yes what country? ______________

3. Have you traveled outside the United States?  
   - YES  
   - NO  
   *If yes, what country? ____________

4. Do you think that you been exposed to anyone with Tuberculosis (TB) disease?  
   - YES  
   - NO  
   *If yes, what is the relationship with the person? ________________

5. Do you have close contact with a person who has a positive Tuberculosis (TB) skin test or blood test?  
   - YES  
   - NO  
   *If yes, what is the relationship with the person? ________________

**Adult Immunizations**

Have you had any of the following vaccinations?

- **PCV-13 – Pneumococcal conjugate**  
  - YES  
  - NO  
  - Unknown  
  If yes, when? ________________

- **PPV-23 – Pneumococcal polysaccharide**  
  - YES  
  - NO  
  - Unknown  
  If yes, when? ________________

- **Zostavax - Shingles Vaccine**  
  - YES  
  - NO  
  - Unknown  
  If yes when? ________________

- **T-dap- Whooping cough**  
  - YES  
  - NO  
  - Unknown  
  If yes when? ________________

***************SEND TO BE SCANNED***************

For office use only

MA Signature: ___________________________  
Date: ________________

Provider Signature: ___________________________  
Date: ________________

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