

**INDIVIDUAL TUBERCULOSIS EXPOSURE RISK ASSESSMENT**  
**35<sup>TH</sup> MEDICAL GROUP, MISAWA AB, JAPAN**

Welcome to Misawa AB, Japan. In an effort to provide you quality health services, Public Health needs your assistance in answering the following questions to determine your TB exposure risk. The decision to screen for tuberculosis is based on your individual or family member(s) risk of exposure to TB. Travel/or living in high risk countries for 30 or more consecutive days is not by itself an indication for TB testing; rather it is based on your individual risk given your activities. Please answer the following questions listed in the **non-shaded areas** to assist us in determining your TB exposure risk.

<p>1. Name: _____  <small align="center">Print Full Name</small></p> <p>2. Date of Birth: _____</p> <p>4. Please list the country or region you were born.          _____</p> <p>5. Please List any countries you have lived in.          _____</p> <p>6. Have you, in the last 90 days, been exposed to anyone known or suspected to have TB?                NO <input type="checkbox"/>      YES <input type="checkbox"/></p> <p>8. Have you recently in the past 90 days traveled or lived in any of the areas listed below?</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Sub-Saharan Africa <input type="checkbox"/></td> <td style="width:50%;">Philippines <input type="checkbox"/></td> </tr> <tr> <td>Eastern Europe <input type="checkbox"/></td> <td>Russia <input type="checkbox"/></td> </tr> <tr> <td>Indonesia <input type="checkbox"/></td> <td>Middle East <input type="checkbox"/></td> </tr> <tr> <td>Cambodia/Thailand <input type="checkbox"/></td> <td>China <input type="checkbox"/></td> </tr> <tr> <td>Korea <input type="checkbox"/></td> <td>India <input type="checkbox"/></td> </tr> </table> <p>Other: _____</p>	Sub-Saharan Africa <input type="checkbox"/>	Philippines <input type="checkbox"/>	Eastern Europe <input type="checkbox"/>	Russia <input type="checkbox"/>	Indonesia <input type="checkbox"/>	Middle East <input type="checkbox"/>	Cambodia/Thailand <input type="checkbox"/>	China <input type="checkbox"/>	Korea <input type="checkbox"/>	India <input type="checkbox"/>	<p align="center"><b>Public Health only:</b></p> <p><input type="checkbox"/> TB test required: _____          Date completed: _____</p> <p><input type="checkbox"/> TB test recommended at a later date:          (at least 90 days after departing high risk area)          Date required: _____</p> <p><input type="checkbox"/> No test indicated, No Risk Factors.</p> <hr/> <p align="center"><b>Date</b></p> <hr/> <p align="center"><b>Public Health Stamp</b></p> <hr/> <p align="center"><b>Public Health Signature</b></p>
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Current as of August 2012

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