

FREMONT COUNTY DEPARTMENT OF

PUBLIC HEALTH & ENVIRONMENT201 N. 6th Street
Cañon City, CO 81212
P: 719-276-7450 F: 719-276-7451

Tuberculosis (TB) Risk Assessment & Authorization

Naı	me:		Date of Birth:			M:	_F:
	dress:						
Pho	one #:	Type	e of Phone (Circle one):	Home	Cell	Wor	k
1.	Are you from or have you lived for Yes □ No□ If yes, list country	or two months or more in				, or East	ern Europe?
2.	Have you been diagnosed with a chronic condition that may impair your immune system? Yes□ No□						
	If yes, check all that apply			•			
	☐Chronic Steroid Use	□Gastrectomy/Intestinal I	Bypass	□Dia	betes Mellit	tus	
	□HIV Infection	□Crohn's Disease		□Dialysis/ Renal Failure			
	☐Cancer of the head or neck	☐Rheumatoid Arthritis		□Silicosis			
	☐Chronic Malabsorption Syndromes	☐Use of TNF-A Antagoni	ist	□Lov	v Body Wei	ght	
	□Leukemia	□Other					
3.	Have you ever resided, worked or volunteered in any of the following facilities? Yes □ No□						
	□Prison	□Hospital	□Nursing H	ome			
	☐Homeless Shelter	☐Other long term treatme	ent center				
4.	Do you currently have any of the following symptoms? Yes \square No \square						
	□ Productive Cough (coughing up som	•	ks Unexplain	ed Fever		□Chills	;
	☐Respiratory Difficulty (shortness of l	, .	□Loss of Ap	-		□Weak	
	☐ Unexplained Weight Loss	□Coughing up b				□Fatigu	ıe
5.	Have you ever had contact with a	person known to have a	ctive Tuberculosis? Y	∕es□	No□		
6.	Have you had a tuberculin skin to	est before? Yes□ No	If yes	Posit	ive	Negativ	ve
7.	Have you had any vaccines in the	past 4 weeks? Yes□	No □ If yes, what vac	cines?			
adva CDC Heal com	signing below, I acknowledge that I a nice as to the amount of these fees. I have, and I have had a chance to ask any of the Environment permission to administration to the best of my knowledge, and ient/Parent Signature:	ave received a copy of the "questions which were answer inister and read a Tubercular I am aware that deliber	TB Elimination- Tuberdered to my satisfaction. ulosis (TB) test. I atterate misrepresentation	culin Skin 7 I give Frem st that the n may jeop	Testing" han county above infardize my	ndout puby Departnormation health.	blished by the nent of Public n is true and
Man	DPHE OFFICE USE ONLY ufacturer: inistered By:	Lot #:					
	Date:				ı:		
Reac	1 By:			_ Date:			
Fee	(eff. 1/24/2019): <u>\$15.00</u> Date Rec'd:		By:				