Patient Name: _____ Date:_____

DOB: _____Age:_____ Program or Division: _____

Arlington County Tuberculosis (TB) Screening and Risk Assessment Tool

Reason for testing: ☐ APS/School (School Name/Grade: _____) ☐ Work ☐ Immigration

Symptoms Assessment:

Have you had any of the following symptoms for 3 weeks or more, that are unexplained?

☐ No Symptoms ☐ Cough ☐ Coughing up blood ☐ Fever ☐ Weight Loss ☐ Poor Appetite ☐ Night Sweats ☐ Fatigue

For children 6 years and under only: Has your child had any of the following symptoms for 3 weeks or more, that are unexplained? ☐ No Symptoms ☐ Trouble gaining weight (Failure to Thrive) ☐ Personality Changes ☐ Swelling in neck, groin and/or armpit (lymph node swelling) ☐ Decreased Activity/Playfulness/Energy

Testing History:

Have you ever had a TB Test (PPD Skin test or Blood test) in the United States? ☐ Yes ☐ No

If yes, was the test positive? ☐ Yes ☐ No

If yes, have you had a chest X-ray in the last 10 years? ☐ Yes ☐ No (refer to TB Clinic or PCP)

If yes, Was the Chest X-ray normal ☐ Yes ☐ No

Have you ever received treatment for active or latent TB? ☐ Yes ☐ No

Risk Assessment:

Since your last Negative TB Assessment (Screen/Test/Treatment)- Answer the following Risk Assessment Questions: **VDH TB High Burden Countries List: https://www.vdh.virginia.gov/content/uploads/sites/175/2024/12/High-Burden-TB-Countries-2025_508c.pdf*	
Have you had close contact to someone with infectious TB disease For example: a friend/relative with TB, working in a program with TB clients	☐ Yes ☐ No
Have you traveled, or lived in a country with a high rate of TB for greater than 3 months (See VDH High Burden TB Countries List)* Name of Country: Date of U.S. Arrival: _____/_____ *Month Year*	☐ Yes ☐ No
For Children 6 and under only: Has your child been cared for by a parent, guardian or caretaker (nanny, babysitter) from a country with a high rate of TB (See VDH High Burden TB Countries List below)*	☐ Yes ☐ No ☐ NA
Are you a resident or employee of a congregate setting? *For example: shelter, prison, jail, nursing home, assisted living facility*	☐ Yes ☐ No
Do you have any of the following medical conditions? (These conditions put you at increased risk for TB progression if exposed and infected) *For example: Radiographic evidence of prior healed TB, low body weight (10% below ideal), silicosis, diabetes mellitus, chronic renal failure or on hemodialysis, gastrectomy, jejunoileal bypass, solid organ transplant, head and neck cancer, HIV Infection.*	☐ Yes ☐ No
Do you have any of the following conditions that would make you immunosuppressed? *For example: Injection drug use, organ transplant recipient, or other condition that would make you immunosuppressed.*	☐ Yes ☐ No
Are you on any of the following treatments (or have any treatments planned) that would make you immunosuppressed? *For example: treatment with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥15 mg/day for ≥1 month), chemotherapy, or other immunosuppressive medication.*	☐ Yes ☐ No
SCREENING END	
If you answered "Yes" to any of the above questions: Have you had any Live Vaccine in the last 6 weeks? The current available live vaccines are: MMR vaccine (Measles Mumps Rubella), Rotavirus, Chickenpox (Varicella), Nasal Flu vaccine, Yellow Fever, Smallpox. (TB testing must be postponed 6 weeks after a live vaccine)	☐ Yes ☐ No ☐ NA

----------OFFICIAL USE ONLY----------

☐ One or more risk factor identified: Send for TB Testing. (Must wait 6 weeks post live vaccine to test).

☐ No Risk factor identified: TB Screen is considered negative.

Provider Name: _____ **Provider Signature/Credentials**: _____

High Burden TB Country List 2026

(Countries with TB incidence rates of ≥ 20/100,000 population)

Data obtained from 2025 WHO Global Tuberculosis Report and reflects 2024 data

Country	Country	Country	Country
Afghanistan	Eritrea	Mali	Somalia
Algeria	Eswatini	Marshall Islands	South Africa
Angola	Ethiopia	Mauritania	South Sudan
Argentina	Fiji	Mexico	Sri Lanka
Azerbaijan	French Polynesia	Micronesia	Sudan
Bangladesh	Gabon	Mongolia	Suriname
Belize	Gambia	Morocco	Syrian Arab Republic
Benin	Georgia	Mozambique	Tajikistan
Bhutan	Ghana	Myanmar	Thailand
Bolivia	Greenland	Namibia	Timor-Leste
Bosnia and Herzegovina	Guam	Nauru	Togo
Botswana	Guatemala	Nepal	Trinidad and Tobago
Brazil	Guinea	Nicaragua	Tunisia
Brunei Darussalam	Guinea-Bissau	Niger	Turkmenistan
Burkina Faso	Guyana	Nigeria	Tuvalu
Burundi	Haiti	Niue	Uganda
Cabo Verde	Honduras	Northern Mariana Islands	Ukraine
Cambodia	India	Pakistan	United Republic of Tanzania
Cameroon	Indonesia	Palau	Uruguay
Central African Republic	Iraq	Panama	Uzbekistan
Chad	Kazakhstan	Papua New Guinea	Vanuatu
China	Kenya	Paraguay	Venezuela
China, Hong Kong SAR	Kiribati	Peru	Vietnam
China, Macao SAR	Kyrgyzstan	Philippines	Yemen
Colombia	Lao People's Democratic Republic	Qatar	Zambia
Comoros		Republic of Korea	Zimbabwe
Congo	Latvia	Republic of Moldova	
Côte d'Ivoire	Lesotho	Romania	
Democratic People's Republic of Korea	Liberia	Russian Federation	
Democratic Republic of the Congo	Libya	Rwanda	
Djibouti	Lithuania	Sao Tome and Principe	
Dominican Republic	Madagascar	Senegal	
Ecuador	Malawi	Sierra Leone	
El Salvador	Malaysia	Singapore	
Equatorial Guinea	Maldives	Solomon Islands	

Persons from these countries should be screened for TB and TB infection. Persons from countries not found on this list should only be tested if symptomatic or if they have risk factors.

Updated 12/23/2025 VDH TB Program