



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

Hawaii State Department of Health  
Tuberculosis Control Program

## 1. Check for TB symptoms

- If there are significant TB symptoms, then further testing (including a chest x-ray) is required for TB clearance.
- If significant symptoms are absent, proceed to TB Risk Factor questions.

Yes

No

### Does this person have significant TB symptoms?

Significant symptoms include cough for 3 weeks or more, plus at least one of the following:

Coughing up blood

Fever

Night sweats

Unexplained weight loss

Unusual weakness

Fatigue

## 2. Check for TB Risk Factors

- If any “Yes” box below is checked, then TB testing is required for TB clearance
- If all boxes below are checked “No”, then TB clearance can be issued without testing

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 *infectious TB disease*? (Do not check “Yes” if exposed only to someone with latent TB)

Yes

No

### 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)

Yes

No

### For persons under age 16 only: Is someone in the child’s household from a country with an elevated TB rate?

Provider Name with Licensure/Degree:

Person's Name and DOB:

Assessment Date:

Name and Relationship of Person Providing Information (if not the above-named person):