



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
TUBERCULOSIS ELIMINATION PROGRAM
3rd FLOOR, ANDREW JOHNSON TOWER
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243

Report of Screening for Risk of Tuberculosis (TB)

Resident: _____
First Name Last Name

This document verifies that the person whose name appears above was formally assessed for risk of TB infection or TB disease and was determined to be at "Low Risk." Therefore, a test for TB infection (i.e., a "TB skin test" or blood test) was not performed and is not medically indicated.

Staff Name: _____
Provider Name (print) Title

Signature Date

Facility: [Insert name of county health department,
Clinic name
HD street address
City, state, zip code
Phone: (____) ____-____]

Local health departments in Tennessee provide a formal assessment of risk for infection with the germ that causes TB (*Mycobacterium tuberculosis*) or progression to active TB disease for any person requesting such assessment. If an individual's assessment indicates that he/she is at "low risk," the health department will not perform a test (i.e., a "TB skin test" or a blood test) for TB infection. In order to conserve public health resources for persons at high risk for TB, individuals at low risk who are required by an employer or educational institution to have an initial TB test or an annual TB test are referred to the health services provider of the employer or the educational institution, or to the individual's personal provider, for such testing.

