Tuberculosis (TB) Risk Assessment Worksheet
Nursing and Specialized Facilities Rule 310:675-7-17.1

Facility Name: ___________________________ Date Completed: __________
Completed by: ____________________________

Calculate TB Conversion Rate in County from County Hlth Dept.
(#____ Cases / ______ County population) * 100
Rate = _________

Calculate facility conversion rate: # of residents and staff in the facility with +TB skin test in the last 12 mo. divided by # residents and staff tested.
( #+TB_____/ #Residents & Staff Tested ____ )*100
Rate = _________

Were residents or staff with TB in the facility in the last 12 months?
No □ ➔ LOW RISK
Yes □ ➔ Is the facility rate > county rate?
Yes □ ➔ MED RISK
No □ ➔ Was there a cluster of TST conversions in workers or residents?
Yes □ ➔ MED RISK
No □ ➔ Was there evidence of person-to-person transmission w/in the facility?
Yes □ ➔ MED RISK
No □ ➔ Does the facility admit residents with TB?
No □ ➔ LOW RISK
Yes □ ➔ Have more than 1.5% of residents & staff had a TST conversion in the last 12 months?
No □ ➔ LOW RISK
Yes □ ➔ MED RISK

Time Interval for conducting this TB risk assessment. This is usually done for the previous calendar year (i.e. 6/1/06-5/31/07):
____________ to ____________

Revised: 7/3/07