



FREMONT COUNTY DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT

201 N. 6th Street
Cañon City, CO 81212
P: 719-276-7450 F: 719-276-7451

Tuberculosis (TB) Risk Assessment & Authorization

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone #: \_\_\_\_\_ Type of Phone (Circle one): Home Cell Work

- 1. Are you from or have you lived for two months or more in Africa, Asia, Central or South America, or Eastern Europe?
2. Have you been diagnosed with a chronic condition that may impair your immune system?
3. Have you ever resided, worked or volunteered in any of the following facilities?
4. Do you currently have any of the following symptoms?
5. Have you ever had contact with a person known to have active Tuberculosis?
6. Have you had a tuberculin skin test before?
7. Have you had any vaccines in the past 4 weeks?

By signing below, I acknowledge that I am responsible for payment of fees associated with this assessment and have been notified in advance as to the amount of these fees. I have received a copy of the "TB Elimination- Tuberculin Skin Testing" handout published by the CDC, and I have had a chance to ask any questions which were answered to my satisfaction. I give Fremont County Department of Public Health & Environment permission to administer and read a Tuberculosis (TB) test. I attest that the above information is true and complete to the best of my knowledge, and I am aware that deliberate misrepresentation may jeopardize my health.

Patient/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FCDPHE OFFICE USE ONLY

Manufacturer: \_\_\_\_\_ Lot #: \_\_\_\_\_ Site: \_\_\_\_\_
Administered By: \_\_\_\_\_ Date: \_\_\_\_\_

Read Date: \_\_\_\_\_ Result: \_\_\_\_\_ Induration: \_\_\_\_\_
Read By: \_\_\_\_\_ Date: \_\_\_\_\_

Fee (eff. 1/24/2019): \$15.00 Date Rec'd: \_\_\_\_\_ By: \_\_\_\_\_