

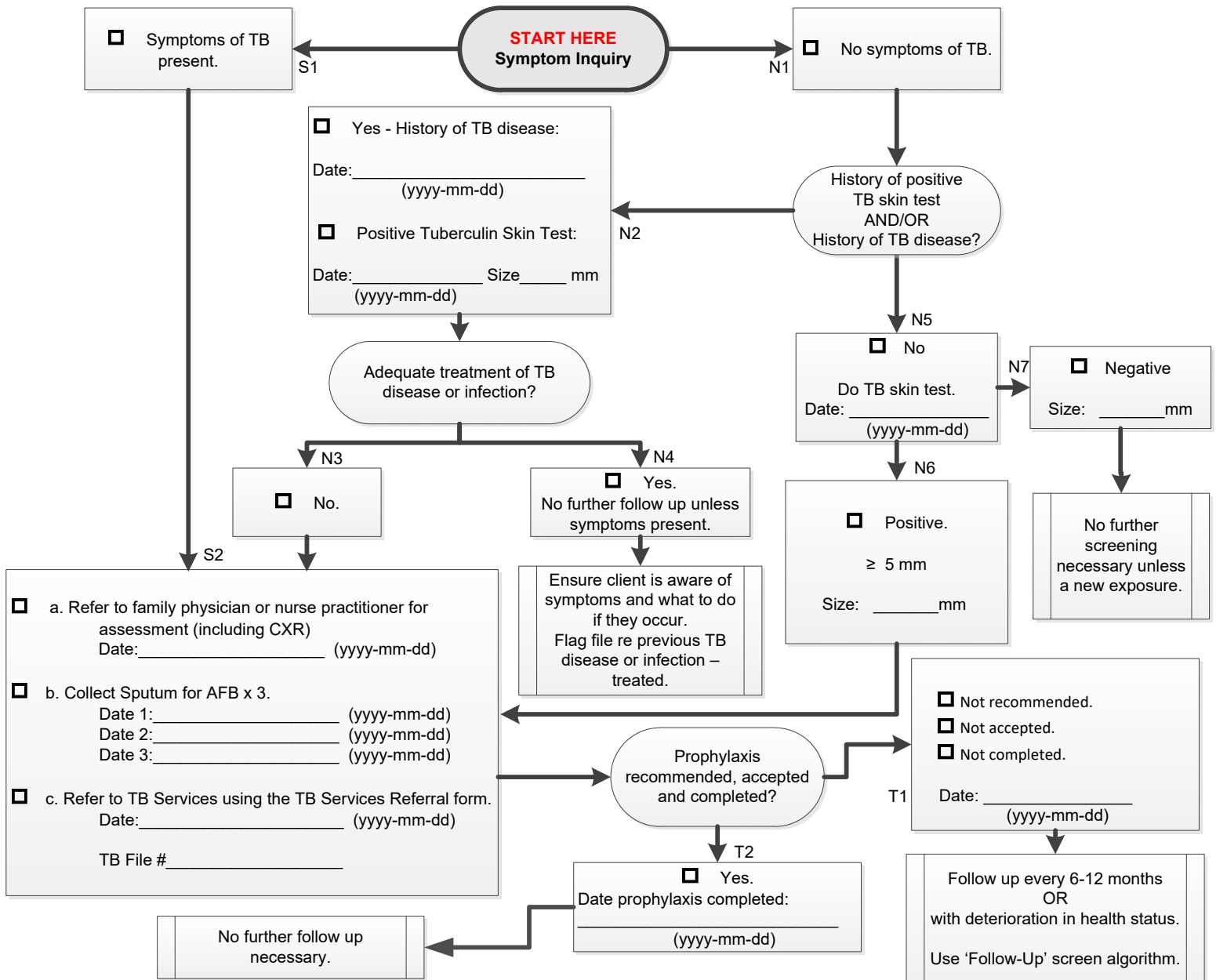
At Risk TB Screening Algorithm  
(First Screen)**HIGH RISK**  
Medical ConditionsName: \_\_\_\_\_  
First LastDOB: \_\_\_\_\_ PHN: \_\_\_\_\_  
(yyyy-mm-dd)

Community: \_\_\_\_\_

- ☐ AIDS/HIV..... Date of Diagnosis: \_\_\_\_\_
- ☐ Silicosis..... Date of Diagnosis: \_\_\_\_\_
- ☐ Renal Failure ..... Date of Diagnosis: \_\_\_\_\_  
- requiring dialysis and/or due to diabetes
- ☐ Carcinoma (head/neck)..... Date of Diagnosis: \_\_\_\_\_
- ☐ Haematological malignancies (Leukemia, Lymphoma) Date of Diagnosis: \_\_\_\_\_
- ☐ Abnormal x-ray ..... Date of Diagnosis: \_\_\_\_\_  
- fibronodular disease  
yyyy-mm-dd

**Treatment with:**

- ☐ Glucocorticoids (≥15mg/day for ≥1 month).....Date Initiated: \_\_\_\_\_
- ☐ Cyclosporine (Cyclosporine A).....Date Initiated: \_\_\_\_\_
- ☐ Tumor Necrosis Factor (TNF) alpha inhibitors.....Date Initiated: \_\_\_\_\_
- ☐ Anti-rejection medications for solid organ transplant Date Initiated: \_\_\_\_\_
- ☐ Other\*(Specify): .....Date Initiated: \_\_\_\_\_

Date Algorithm completed: \_\_\_\_\_  
(yyyy-mm-dd)

Signature \_\_\_\_\_

☐ Faxed to Alberta Region TB Program - Date: \_\_\_\_\_ (yyyy-mm-dd)**Fax: 780-495-8070**