

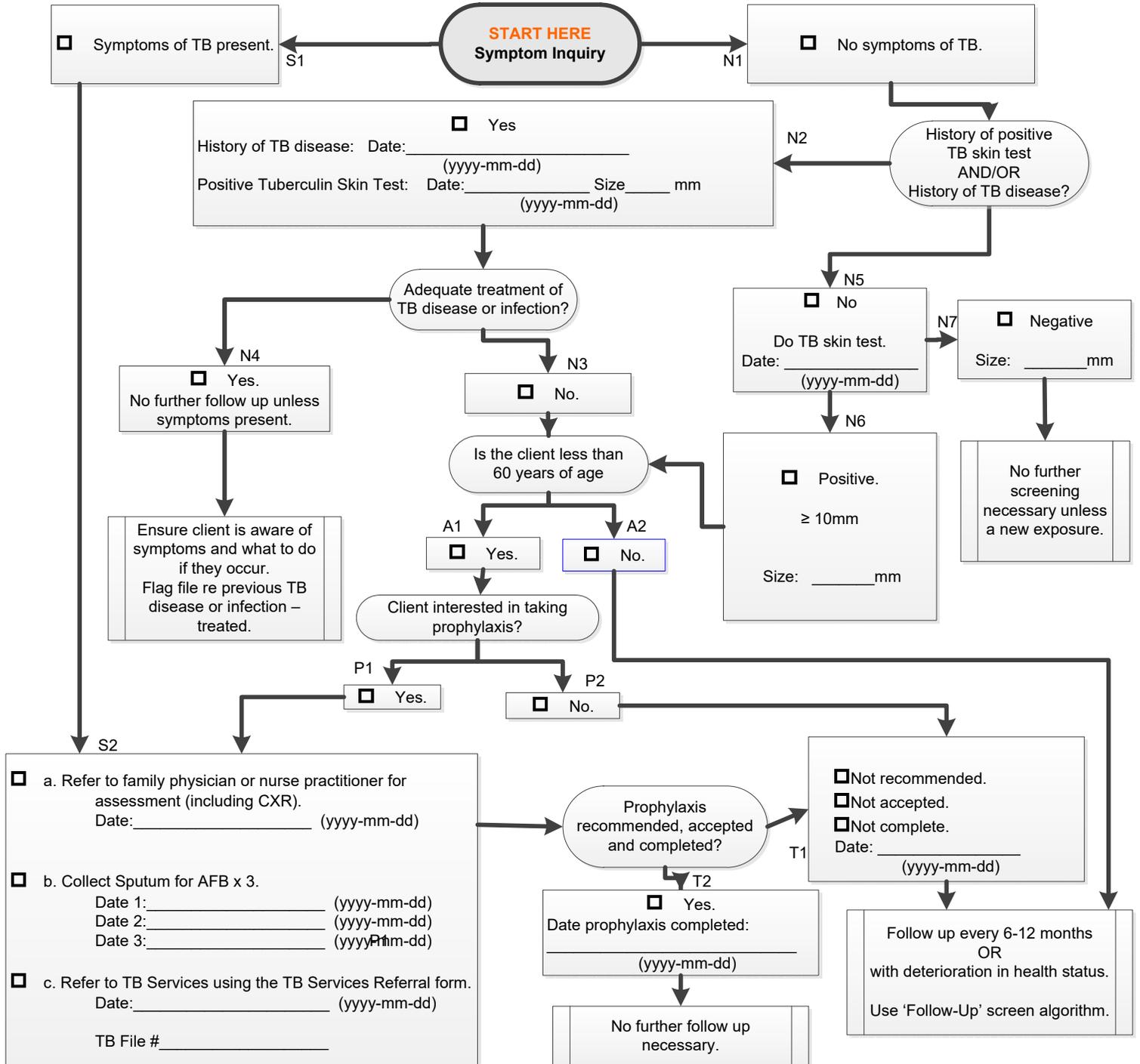


# At Risk TB Screening Algorithm (First Screen)

## MODERATE RISK Medical Conditions

Name: \_\_\_\_\_  
 First Last  
 DOB: \_\_\_\_\_ PHN: \_\_\_\_\_  
 (yyyy-mm-dd)  
 Community: \_\_\_\_\_

Diabetes mellitus.....Date of Diagnosis: \_\_\_\_\_  
**Treatment with:**  
 Azathioprine (Imuran).....Date Initiated: \_\_\_\_\_  
 Leflunomide.....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**

