

Infectious Disease Medical Risk Screen

1. Have you been the recipient of tattooing or body piercing in unsanitary conditions (e.g. unsterile needles)? Yes No
2. Have you been a recipient of a blood transfusion or organ transplant prior to 1992 (includes receiving blood during birth, other surgical procedures)? Yes No
3. Have you ever been or are you now on long-term hemodialysis (blood cleansing)? Yes No
4. Are you a recipient of clotting factor made prior to 1987? Yes No
5. Have you ever been stuck by a needle or anything sharp that was likely to have been contaminated with hepatitis C- infected blood? Yes No
6. Were you born to a mother who had hepatitis? Yes No
7. Have you ever had symptoms of liver disease or abdominal liver function/enzyme tests?
8. Have any of your sexual partners been infected with hepatitis B or C?
Yes No

Tuberculosis

9. Mark all of the following that currently apply to you or that applied to you in the past. Close contact with active TB

Yes No

Medical condition that increases risk of TB disease (e.g. HIV, other immune disorders, diabetes, silicosis(black lung or coal miner's disease), bleeding/clotting disorders, specific malignancies, kidney failure,etc.)

Abnormal chest X-ray showing fibrotic lesions

Resident or employee of a high-risk group setting (e.g. correctional facilities, nursing homes, mental institutions,

homeless shelters, residential treatment, etc.)

Health care worker or volunteer who serves high-risk clients

Foreign-born person who has arrived within the last five years from countries that have a high TB incidence or

prevalence (e.g. most countries in Africa, Asia, Latin America, Eastern Europe and Russia)

Person from a medically underserved, low-income population

Member of high-risk racial, ethnic, or other minority population with increased prevalence of TB (e.g. Asian & Pacific Islanders, Hispanics, African-Americans, Native Americans, migrant farm workers, homeless persons)

History of inadequately treated TB

10. Have you had a cough for more than threeweeks?

11. Have you coughed up blood/colored mucous?

12. Do you have swollen, non-tender lymphnodes?

13. Have you had prolonged loss of appetite or unexplained weight loss of ten pounds or more?

Yes No 14. Have you had recurrent fevers or heavy night sweats for more than three weeks? Yes No

Yes No Yes No Yes No

I understand that my responses to this screen are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for regulations. I also understand that HIV I STD and TB related information about me is

protected by state law and cannot be disclosed unless state law authorizes the disclosure.

I have read and understand the above. Signature:

Name: Date:

HIV and Hepatitis

Infectious Disease Behavioral Risk Screen

1. Have you had 2 or more sexual partners in the past 10 years? Yes No
2. Have you had anal sex (penis in anus) with any of your sexual partners during the past 10 years? Yes No
3. How often have you used a condom when having anal sex in the past 10 years? Never Sometimes Always Have not had anal sex
4. Have you ever had a sexually transmitted disease such as gonorrhea, syphilis, chlamydia, genital warts(HPV),genital herpes, or hepatitis?

Yes No

5. At any time in the past ten years, have you ever given money to anyone to have sex with you?

Yes No

6. Have you ever had sex with someone so that they would give you money or drugs?

Yes No

7. Have you ever injected street drugs, steroids, or vitamins with a needle?

Yes No

8. Have any of your sexual partners in the past 10 years ever injected street drugs, steroids, or vitamins with a needle?

Yes No Don't know

9. Have any of your sexual partners in the past 10 years been men who have had sex with other men?

Yes No Don't know

10. Have any of your sexual partners in the past 10 years ever had a sexually transmitted disease such as gonorrhea, syphilis, chlamydia, genital warts (HPV), genital herpes, or hepatitis?

Yes No Don't know

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