

Participant Physical Examination Adult Day Center

Standard: 22VAC40-61-260

Within the 30 days prior to admission, and annually thereafter, a participant shall have a physical examination. A TB assessment shall be obtained no earlier than 30 days prior to admission. (Annual TB testing is not required for participants.)

Name: _____ Date of exam: _____

Address: _____ Date of Birth: _____

City, State, ZIP: _____ Telephone: _____

Height: _____ Weight: _____ Blood pressure: _____

All diagnoses and significant medical problems:

Significant medical history:

General physical condition, including a systems review as is medically indicated:

Known Allergies (food, medicine, other)	Description of reaction to allergen

Recommendations for care including:

Medications (Rx and OTC)	Dosage	Route	Frequency of administration

Special Diet or Food Intolerances:

Therapy, treatments, or procedures participant is undergoing, or should receive, and by whom:

Restrictions or limitation on physical activities or program participation:

Is this person capable of administering their own medications without assistance? **YES** or **NO**

Is this person Ambulatory? * **YES** or **NO**

* Ambulatory means that participant is physically and mentally capable of self-preservation by evacuating in response to an emergency to a refuge area without the assistance of another person, or from the structure itself without the assistance of another person even if the participant may require the assistance of a wheelchair, walker, cane, prosthetic device or a single verbal command to evacuate.

If this is a pre-admission physical exam, please attach **TB** screening form.

Physician Signature: _____ Physician Printed Name: _____

Address: _____

Phone: _____ FAX: _____

Virginia Tuberculosis (TB) Screening and Risk Assessment Tool

For use in individuals 6 years and older

Use this tool to identify asymptomatic **individuals 6 years and older** for latent TB infection (LTBI) testing.

- The symptom screen and risk factor assessment may be conducted by a licensed healthcare provider (MD, PA, NP, RN, LPN). If a symptom or risk factor for TB is identified, further evaluation should also be performed by a licensed healthcare provider (MD, PA, NP, RN, LPN), however an RN or an LPN conducting evaluations must have an order by healthcare personnel with prescriptive authority consistent with Virginia professional practice acts for [medicine](#) and [nursing](#).
- Re-testing should only be done in persons who previously tested negative and have new risk factors since the last assessment.
- A negative Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (IGRA) does not rule out active TB disease.

First screen for TB Symptoms: None (If no TB symptoms present → Continue with this tool)

Cough Hemoptysis (coughing up blood) Fever Weight Loss Poor Appetite Night Sweats Fatigue

If TB symptoms present → Evaluate for active TB disease

Check appropriate risk factor boxes below.

TB infection testing is recommended if any of the risks below are checked.

If TB infection test result is positive and active TB disease is ruled out, TB infection treatment is recommended.

Birth, travel, or residence in a country with an elevated TB rate \geq 3 months

- Includes countries other than the United States (U.S.), Canada, Australia, New Zealand, or Western and North European countries
- IGRA is preferred over TST for non-U.S.-born persons \geq 2 years old
- Clinicians may make individual decisions based on the information supplied during the evaluation. Individuals who have traveled to TB-endemic countries for the purpose of medical or health tourism $<$ 3 months may be considered for further screening based on the risk estimated during the evaluation.

Medical conditions increasing risk for progression to TB disease

Radiographic evidence of prior healed TB, low body weight (10% below ideal), silicosis, diabetes mellitus, chronic renal failure or on hemodialysis, gastrectomy, jejunioileal bypass, solid organ transplant, head and neck cancer

Immunosuppression, current or planned

HIV infection, injection drug use, organ transplant recipient, treatment with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone \geq 15 mg/day for \geq 1 month) or other immunosuppressive medication

Close contact to someone with infectious TB disease at any time

None; no TB testing indicated at this time

Patient Name _____

Date of Birth ____/____/____

Name of Person Completing Assessment _____ Signature of Person Completing Assessment _____

Title/Credentials of Person Completing Assessment _____ Assessment Date ____/____/____