

# Tuberculosis (TB) Risk Assessment Worksheet

Nursing and Specialized Facilities Rule 310:675-7-17.1



Long Term Care  
Oklahoma State  
Department of Health

Facility Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Completed by: \_\_\_\_\_

Calculate TB Conversion Rate in County from County Hlth Dept.  
(# \_\_\_\_\_ Cases / \_\_\_\_\_ County population) \* 100  
Rate = \_\_\_\_\_

Calculate facility conversion rate: # of residents and staff in the facility with +TB skin test in the last 12 mo. divided by # residents and staff tested.  
(# +TB \_\_\_\_\_ / #Residents & Staff Tested \_\_\_\_\_) \* 100  
Rate = \_\_\_\_\_

Time Interval for conducting this TB risk assessment. This is usually done for the previous calendar year (i.e. 6/1/06- 5/31/07):  
\_\_\_\_\_ to \_\_\_\_\_

