

TUBERCULOSIS RISK ASSESSMENT FORM

Physician/ Health Provider:	Date:
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Name: _____ **Date of Birth:** ____ / ____ / ____

Address: _____ **City:** _____ **State:** _____ **County:** _____

Phone: _____

US Born: Yes No **If no, US Date of Arrival:** ____ / ____ / ____

MEDICAL INFORMATION:

Primary Reason for Evaluation: School Required Contact Investigation Immigration Exam Incidental Abnormal CXR/CT Incidental Lab Result Other: _____

Symptomatic: No Yes **If Yes, ONSET date:** ____ / ____ / ____

Symptoms: Cough Coughing Up Blood Fever Night Sweats Weight Loss of ____ lbs Other: _____

Previous BCG Vaccine: No Yes

TB RISK FACTORS AND MEDICAL CONDITIONS:

1. Have you ever had a positive TB skin or blood test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when: _____
2. Have you had any symptoms of TB (cough, fever, night sweats, loss of appetite, weight loss, or fatigue)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of symptoms: _____
3. Have you ever been told you have an abnormal chest X-Ray?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when: _____
4. In the last 2 years, have you lived with or spent time with someone who has been sick with TB?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Were you born in Africa, Asia, Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, The Caribbean, or the Middle East?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in what country were you born: _____
6. Have you lived or traveled in Africa, Asia, Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, The Caribbean, or the Middle East for more than one month?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what country did you travel to: _____
7. Have any members of your household come to the United States from another country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of country: _____

<p>8. Have you been exposed or been exposed to a person who:</p> <ul style="list-style-type: none"> • Is currently in jail or who has been in jail in the past 5 years? • Has HIV? • Is homeless? • Lives in a group home? • Uses illegal drugs? • Is a migrant farm worker? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If yes, name the risk factors you have been exposed to:</p> <hr/> <hr/>
<p>9. Do you have any of the following medical conditions?</p> <ul style="list-style-type: none"> • Diabetes • Chronic kidney failure with dialysis • Cancer of the neck, head, or lungs • Cancer of the blood or lymph system • HIV/AIDS • Autoimmune disease or immunosuppressive condition • Intestinal bypass or gastrectomy 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>10. Have you ever been in jail or prison?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If yes, where: _____</p>
<p>11. Have you ever been an injection drug user?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If yes, specify: _____</p>
<p>12. Have you had an organ transplant?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If yes, specify: _____</p>
<p>13. Have you ever been around a person sick with active TB disease?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If yes, when: _____</p>
<p>14. Have you ever worked in a lab that processed TB samples?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If yes, where: _____</p>
<p>14. Are you taking oral/IV steroids and or immunomodulation medications?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If yes, what: _____</p>

CONSENT TO TESTING:

I have received information about the TB skin test. I had a chance to ask questions which were answered to my satisfaction. I agree to return in 48-72 hours to have the test read. I understand the risks and benefits of the TB skin test and request the test be given to me. I understand that if I am symptomatic for TB or if the TB skin test is positive, results may be communicated to the physician with whom I will follow-up if medical care is needed.

Signature

Date

ADDITIONAL COMMENTS:

For the following persons who are at highest risk of developing active tuberculosis disease if they are infected, tuberculin skin tests are considered **positive at 5mm of induration or larger**.

- Recent contacts of TB case patients
- Persons with fibrotic changes on chest radiograph consistent with prior TB
- Patients with organ transplants and other immunosuppressed patients (e.g., taking the equivalent of >15 mg/day of prednisone for 1month or longer, or taking tumor necrosis factor inhibitors)
- Human Immunodeficiency Virus (HIV/AIDS) infected persons

For the following persons with other known **high-risk medical conditions** or **population risks** for recent infection, tuberculin skin tests are positive at **10mm of induration or larger**:

- Foreign-born persons, including children, from areas that have a high TB incidence or prevalence (e.g. Latin America and the Caribbean, Africa, Asia, Eastern Europe, and Russia)*
- Illicit drug users
- Residents and employees of the following high-risk congregate settings: ○ Correctional institutions ○ Long-term facilities ○ Mental health institutions ○ Child care facilities ○ Hospitals and other health care facilities ○ Residential facilities for patients with acquired immunodeficiency syndrome (AIDS) ○ Homeless shelters
- Mycobacteriology laboratory personnel
- Persons with the following clinical conditions that place them at high risk: ○ Silicosis ○ Diabetes mellitus ○ Chronic renal failure/end-stage renal disease ○ Hematologic/reticuloendothelial disease ○ Cancer of head, neck, or lung ○ Intestinal bypass or Gastrectomy ○ Chronic malabsorption syndromes ○ Organ Transplant
- Infants, children, and adolescents frequently exposed to adults at high risk for TB infection
- Children <4 years of age (unless the child falls under another category due to condition or exposure)
- Travelers who have reported history of prolonged exposure or extended stay in endemic county (e.g. Latin America and the Caribbean, Africa, Asia, Eastern Europe, and Russia)

For persons on a monoclonal antibody w/ 5-6mm induration (may require further follow-up).

For persons at low risk for TB, for whom tuberculin testing is not generally indicated, tuberculin skin tests are **positive at 15mm of induration or larger**:

- Persons with no known risk factors for TB.

*Additional instructions/recommendations may apply to individuals seeking care through a Civil Surgeon. Please reference recommendations: <http://www.cdc.gov/ncidod/dq/civil.htm>