

TUBERCULOSIS RISK ASSESSMENT AND EVALUATION

(THIS FORM IS TO BE COMPLETED AND RETURNED TO STUDENT HEALTH SERVICES PRIOR TO ATTENDING ANY CLASSES.)

PLEASE PRINT

NAME _____ /DATE _____
LAST FIRST

STUDENT ID: _____ /DATE OF BIRTH _____

RISK FACTORS

Recent contact with someone with infectious tuberculosis disease	Yes	No
Foreign born or travel to/or in countries with high prevalence of tuberculosis (e.g. Africa, Asia, Eastern Europe, Central or South America)	Yes	No
Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease	Yes	No
Has HIV/AIDS	Yes	No
Organ transplant recipient	Yes	No
Immunosuppressed (equivalent of >15 mg of prednisone for > 1 month or TNF-a antagonist)	Yes	No
History of illicit drug use	Yes	No
***Resident, employee, or volunteer in a high-risk congregate setting (e.g. correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)	Yes	No
*****Medical condition associated with increased risk of progressing to TB disease if infected (e.g. diabetes mellitus, silicosis, head/neck/lung cancer, hematologic or reticuloendothelial disease such as Hodgkin's disease or leukemia, intestinal by-pass or gastrectomy, chronic malabsorption syndrome, low body weight (i.e. 10% or more below ideal weight for the given population)	Yes	No

SYMPTOMS OF TB (mark all that apply)

<input type="checkbox"/> Productive cough <input type="checkbox"/> Weight loss <input type="checkbox"/> Night Sweats <input type="checkbox"/> Chest Pain <input type="checkbox"/> Lymphadenopathy Hematuria	Date of onset ____/____/____ <input type="checkbox"/> Fever <input type="checkbox"/> Fatigue <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Hemopytisis
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Tuberculin Skin Test (TST)

(TST should be records as actual millimeters (mm) of induration, transvers diameter ---- if no induration, write "0".
 The TST interpretation should be based on mm of induration as well as risk factors.)

Risk Criteria Used in Establishing Significance of PPD Skin test reaction

➤ 5mm is positive if:	➤ 10 mm is positive if:	➤ 15 mm is positive if:
HIV infection close contact to TB case Fibrotic changes on Chest x-ray consistent with old TB Organ transplant Other immunosuppressed patients	Recent arrivals from high prevalence countries Injection drug users Residents and employees of high risk congregate settings*** (see above) Myobacteriology lab personnel Persons with clinical conditions that make them high risk ***** (see above)	NO known risk factors for TB disease

DATE GIVEN: ____/____/____ IMPLANT SITE: _____ TIME: _____ GIVEN BY: _____
 DATE READ: ____/____/____ READ BY: _____ TIME: _____ CLINIC NAME _____
 RESULT: _____ MM OF INDURATION INTERPRETATION: negative _____ positive _____

----- OR -----

Interferon Gamma Release Assay (IGRA)

DATE OBTAINED ____/____/____ SPECIFY METHOD: ___ QFT-G ___ GFT-GIT OTHER _____
 RESULT: negative _____ positive _____ intermediate _____

IF EITHER ABOVE TEST POSITIVE OR YOU HAVE HAD PREVIOUS REACTION TO TB TESTING, OBTAIN A CHEST X-RAY.

DATE OF CHEST X-RAY: ____/____/____ RESULT: normal _____ abnormal _____
(and/or attach copy of x-ray report)

IF ABNORMAL RESULTS ON CXR FURTHER EVALUATION AND TREATMENT IS REQUIRED.

The above individual has received all necessary evaluations and treatments as required and are cleared to attend classes.

SIGNATURE OF HEALTH CARE PROVIDER _____ DATE ____/____/____
 PRACTICE SITE: _____ PHONE NUMBER _____