



Patient name (Patient Label) _____

Kentucky Department For Public Health TB Risk Assessment

Country of birth: _____ Year of US arrival (if applicable): _____ Language(s) spoken: _____

Interpreter needed? No Yes History of BCG? No Yes Specify year: _____ Is patient pregnant? No Yes

LMP: ___/___/___

Drug or other allergies: _____ Current medications: _____

History of TB Skin Test and Treatment

Prior Mantoux Tuberculin Skin Test (TST)? No Yes Date: ___/___/___ Induration: _____ mm

Prior TB treatment? No Yes Provide details below:

LTBI TB Disease Year of treatment: _____ Treatment duration: _____ Location of treatment: _____

TB medications taken: _____

I. Screen for TB Symptoms (Check all that apply)

- None (Skip to Section II, "Screen for Infection Risk")
- Cough for > 3 weeks Productive? Yes No
- Hemoptysis? Yes No

- Fever, unexplained
- Unexplained weight loss
- Poor appetite
- Night sweats
- Fatigue

Evaluate these symptoms in context

Pediatric Patients (≤6 yrs of age)
<input type="checkbox"/> Wheezing
<input type="checkbox"/> Failure to thrive
<input type="checkbox"/> Decreased activity, playfulness, and/or energy
<input type="checkbox"/> Lymph node swelling

II. Screen for TB Infection Risk (Check all that apply)

Individuals with an increased risk for acquiring latent TB infection (LTBI) or for progressing to active disease once infected should have a TST. Screening for persons with a history of LTBI should be individualized.

A. Assess Risk for Acquiring LTBI

- Person is a current close contact of a person known or suspected to have TB disease
- Person has lived in a country - for 3 months or more - where TB is common, and has been in the US for 5 or fewer years
- Person is a resident or an employee of a high TB risk congregate setting
- Person is a health care worker who serves high-risk clients
- Person is medically underserved
- Person has been homeless within the last two years
- Person is an infant, a child or an adolescent exposed to an adult(s) in high-risk categories
- Person injects illicit drugs or uses crack cocaine
- Person is a member of a group identified by the local health department to be at an increased risk for TB infection
- Person needs baseline/annual screening approved by health dept.

B. Assess Risk for Developing TB Disease if Infected

- Person is HIV positive
- Person has risk for HIV infection, but HIV status is unknown
- Person was recently infected with *Mycobacterium tuberculosis*
- Person has certain clinical conditions, placing them at higher risk for TB disease
- Person injects illicit drugs (determine HIV status)
- Person has a history of inadequately treated TB
- Person is >10% below ideal body weight
- Person is on immunosuppressive therapy (this includes treatment for rheumatoid arthritis with drugs such as Humira, Remicaid, etc.)

III. Finding(s) (Check all that apply)

- Previous Treatment for LTBI and/or TB disease
- No risk factors for TB infection
- Risk(s) for infection and/or progression to disease
- Possible TB suspect
- Previous positive TST, no prior treatment

IV. Action(s) (Check all that apply)

- Issued screening letter Issued sputum containers
- Referred for CXR Other _____
- Referred for medical evaluation
- Administered the Mantoux TB Skin Test

Screener's signature and title: _____

Date: ___/___/___ Phone number: _____

Primary care provider: _____

Primary care provider phone number: _____

Comments: _____

IMPORTANT: A decision to test is a decision to treat. Given the high rates of false positive TB skin test results, the TB Control Program discourages administration of the Mantoux TST to persons who are at a low risk for risk for TB infection.
