



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)

- ___ Wheezing
- ___ Failure to thrive
- ___ Decreased activity, playfulness, and/or energy
- ___ Lymph node swelling

- ___ 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

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, Remicoid, etc.)

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

___ Previous Treatment for LTBI and/or TB disease

Screeener'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.