



TUBERCULOSIS (TB) RISK ASSESSMENT

To be completed by health care provider

STUDENT NAME: _____

Persons with any of the following are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented:

Table with 2 columns: Risk Factor, Yes/No checkboxes. Rows include: Recent close contact with someone with infectious TB disease, Foreign-born from (or travel* to/in) a high-prevalence area, Fibrotic changes on a prior chest x-ray, HIV/AIDS, Organ transplant recipient, Immunosuppressed, History of illicit drug use, Resident/employee/volunteer in high-risk settings, Medical condition associated with increased risk of progressing to TB disease.

*The significance of the travel exposure should be discussed with a health care provider and evaluated.

1. Does the student have signs or symptoms of active tuberculosis disease? Yes _____ No _____

If No, proceed to 2 or 3. If Yes, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

2. Tuberculin Skin Test (TST)

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0." The TST interpretation should be based on mm of induration as well as risk factors.)**

Date given: ___/___/___ Date Read: ___/___/___
M D Y M D Y

Result: _____ mm of induration **Interpretation: positive___ negative___

Date given: ___/___/___ Date Read: ___/___/___
M D Y M D Y

Result: _____ mm of induration **Interpretation: positive___ negative___

3. Interferon Gamma Release Assay (IGRA) (ELISA Quantiferon Gold Test)

Date Obtained: ___/___/___ (specify method) QFT-G QFT-GIT Quantiferon (Gold in tube)
M D Y other _____

Result: Negative ___ Positive ___ Intermediate ___

Date Obtained: ___/___/___ (specify method) QFT-G QFT-GIT Quantiferon (Gold in tube)
M D Y other _____

Result: Negative ___ Positive ___ Intermediate ___

4. Chest x-ray: (Required if TST or IGRA is positive)

Date of chest x-ray: ___/___/___ Result: normal ___ abnormal ___
M D Y

****Interpretation guidelines**

>5 mm is positive:

- Recent close contacts of an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray consistent with past TB disease.
- Organ transplant recipients
- Immunosuppressed persons: taking > 15 mg/d of prednisone for > 1 month; taking a TNF- α antagonist
- Persons with HIV/AIDS

>10 mm is positive:

- Persons born in a high prevalence country or who resided in one for a significant* amount of time
- History of illicit drug use
- Mycobacteriology laboratory personnel
- History of resident, worker or volunteer in high-risk congregate settings
- Persons with the following clinical conditions: silicosis; diabetes mellitus; chronic renal failure; leukemias and lymphomas; head, neck or lung cancer; low body weight (>10% below ideal); gastrectomy or intestinal bypass; chronic malabsorption syndromes

>15 mm is positive:

- Persons with no known risk factors for TB disease

**The significance of the exposure should be discussed with a health care provider and evaluated.*

Provider's signature

Date