Tuberculosis (TB) Risk Assessment

Student's Name ____ Student's DOB __________________________

Persons with any of the following risk factors are candidates for either a TB skin test (PPD) or Interferon Gamma Release Assay (IGRA), UNLESS a previous positive test has been documented.

Please answer the following additional TB risk screening questions:

1. **Does the student have HIV/AIDS?** ❒ Yes ❒ No
2. **Organ transplant recipient?** ❒ Yes ❒ No
3. **Immunosuppression (equiv to 15 mg prednisone or TNF-alfa antag)?** ❒ Yes ❒ No
4. **History of illicit drug use?** ❒ Yes ❒ No
5. **Chronic illness that may increase risk for TB progression (diabetes, silicosis, cancer, renal disease, malabsorption, or intestinal bypass)?** ❒ Yes ❒ No

Does the student have signs or symptoms of active TB?

If no, then proceed to #2, If YES, then proceed with further evaluation as indicated.

2. Medical assessment

a. **Has +PPD been noted previously?** ❒ Yes ❒ No

- *If yes, then chest x-ray is required within 6 months of entry:* *Date of CXR ___/___/___*
  Result ❒ *Normal* ❒ *Abnormal*
- *If yes, has the patient completed a 9 mo course of INH?* ❒ Yes, completed ___/___/___
  ❒ No

b. **PPD (or IGRA) must be done if there is no history or previous positive PPD or IGRA. The PPD should be recorded as actual millimeters of induration and interpreted based on the guidelines (**) below.**

Date read: ___/___/___ Result: _______mm of induration

**Interpretation (see guidelines below) ❒ Positive ❒ Negative

c. **Interferon Gamma Release Assay (IGRA) - required only if PPD was not done**

Date obtained: ___/___/___

Method: ❒ QFT-G ❒ QFT-GIT ❒ Other ___________________

Result: ❒ Positive ❒ Negative ❒ Intermediate

If the IGRA is POSITIVE, then chest x-ray is required within 6 months of entry: *Date of CXR ___/___/___*
Result ❒ *Normal* ❒ *Abnormal*

****Interpretation Guidelines**

>5 mm is positive:
Recent close contact with person with active TB
Abnormal CXR c/w past TB disease
Organ transplant or other immunosuppression
HIV/AIDS

>10 mm is positive:
Significant travel or residence in high prevalence area
Illicit drug use
Worker in healthcare, homeless shelter, prisons
Chronic health issues, as per above screening questions

>15 mm is positive if no risk factors

HEALTH CARE PROVIDER SIGNATURE REQUIRED:

Printed Name ___________________________________ **Address** ____

Signature ______________________________________ **Phone Number** ________________ **Fax Number** ________________

Return to: Enrollment Management, Welch College, 3606 West End Avenue, Nashville, TN 37205
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