



# Tuberculosis (TB) Risk Assessment

Student's Name \_\_\_\_\_ Student's DOB \_\_\_\_\_  
(printed name)

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**

<p><b>&gt;5 mm is positive:</b></p> <ul style="list-style-type: none"> <li>Recent close contact with person with active TB</li> <li>Abnormal CXR c/w past TB disease</li> <li>Organ transplant or other immunosuppression</li> <li>HIV/AIDS</li> </ul>	<p><b>&gt;10 mm is positive:</b></p> <ul style="list-style-type: none"> <li>Significant travel or residence in high prevalence area</li> <li>Illicit drug use</li> <li>Worker in healthcare, homeless shelter, prisons</li> <li>Chronic health issues, as per above screening questions</li> </ul>
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**>15 mm is positive if no risk factors**

### HEALTH CARE PROVIDER SIGNATURE REQUIRED:

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_