

## TUBERCULOSIS RISK ASSESSMENT

Please have your healthcare provider **complete and sign** this form **ONLY** if you are a person at high risk for tuberculosis (TB) exposure or infection.

*Tuberculosis Risk Assessment* tool for use by a licensed healthcare provider only (ARNP, PA, MD, DO). The following sections to be **completed and signed** by the healthcare provider.

### Risk Factors and Evaluation

Risk Factors	NO	YES
Have you ever had close contact with persons known or suspected to have active TB disease?		
Were you born in a country or territory with high incidence of active TB disease? <a href="https://worldhealthorg.shinyapps.io/tb_profiles/?_inputs_&amp;entity_type=%22country%22&amp;lan=%22EN%22&amp;iso2=%22CV%22">https://worldhealthorg.shinyapps.io/tb_profiles/?_inputs_&amp;entity_type=%22country%22&amp;lan=%22EN%22&amp;iso2=%22CV%22</a> (WHO country specific Tuberculosis Incidence/Profile—countries with average incidence rates of >20 cases per 100,000 population)		
Have you resided in or traveled to one or more of the countries or territories with high incidence of active TB disease for a period of one to three months or more? <a href="https://worldhealthorg.shinyapps.io/tb_profiles/?_inputs_&amp;entity_type=%22country%22&amp;lan=%22EN%22&amp;iso2=%22CV%22">https://worldhealthorg.shinyapps.io/tb_profiles/?_inputs_&amp;entity_type=%22country%22&amp;lan=%22EN%22&amp;iso2=%22CV%22</a> (WHO country specific Tuberculosis Incidence/Profile—countries with average incidence rates of >20 cases per 100,000 population)		
Have you been a resident, volunteer, and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?		
Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?		
Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol?		

Persons answering “yes” to any of the risk factor questions above are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.

History of a positive TB skin test or IGRA blood test? (if yes, document below)  No  Yes

History of BCG vaccination? (If yes, consider IGRA if possible.)  No  Yes

1. Does the patient have signs or symptoms of active pulmonary tuberculosis disease?  No  Yes

If no, proceed to number 2 or 3.

If yes, check below:

- Cough (especially if lasting for 3 weeks or longer) with or without sputum production
- Coughing up blood (hemoptysis)
- Chest pain
- Loss of appetite
- Unexplained weight loss
- Night sweats
- Fever

And proceed with additional evaluation to exclude active tuberculosis disease, including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

**2. Interferon Gamma Release Assay (IGRA)**

Date obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                                   M      D      Y

Method:    QFT    T-Spot    Other \_\_\_\_\_

Result:    Negative    Positive    Indeterminate    Borderline (T-spot only)

**3. 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 (see interpretation guidelines below).\*\**

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

**\*\*Interpretation guidelines:**

>5 mm is positive:	<ul style="list-style-type: none"> <li>• Recent close contacts of an individual with infectious TB</li> <li>• Persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease</li> <li>• Organ transplant recipients and other immunosuppressed persons (including receiving equivalent of &gt;15 mg/d of prednisone for &gt;1 month.)</li> <li>• HIV-infected persons</li> </ul>
>10 mm is positive:	<ul style="list-style-type: none"> <li>• Foreign born or travelers to the U.S. from high prevalence areas or who resided in one for a significant* amount of time</li> <li>• Injection drug users</li> <li>• Mycobacteriology laboratory personnel</li> <li>• Residents, employees, or volunteers in high-risk congregate settings</li> <li>• Persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunioileal bypass and weight loss of at least 10% below ideal body weight</li> </ul> <p><i>*The significance of the travel exposure should be discussed with the health care provider and evaluated.</i></p>
>15 mm is positive:	<ul style="list-style-type: none"> <li>• Persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.</li> </ul>

**4. Chest X-ray (Required if IGRA or TST is positive. Note: a single PA view is indicated in the absence of symptoms.)**

Date of chest xray: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                                   M      D      Y

Result:    Normal    Abnormal

## Considerations for Treatment of LTBI

In deciding whether to recommend treatment of LTBI to individual patients, the clinician should weigh the likelihood of infection, the likelihood of progression to active tuberculosis infection, and the benefit of therapy. Patients in the following groups are at increased risk of progression from LTBI to active TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
- Recently infected with *M. tuberculosis* (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunioileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette and e-cigarette smokers and persons who abuse drugs and/or alcohol

### Provider Statement

*I am a qualified and licensed healthcare provider (ARNP, PA, MD, DO). I confirm that I have completed the **TUBERCULOSIS RISK ASSESSMENT** form for the patient named above. I also confirm that I have discussed with the patient (or parent/guardian if patient is under 18 years of age) information regarding results of any TB testing and further follow-up or treatments that may be necessary.*

X \_\_\_\_\_  
SIGNATURE of licensed healthcare provider (ARNP, PA, MD, DO).

\_\_\_\_\_  
DATE

## Student / Patient Form Submission

- Please submit this *Tuberculosis Risk Assessment* form AFTER you have submitted the *Tuberculosis Questionnaire* form via the Student Health Portal.
- You can submit this *Tuberculosis Risk Assessment* form using one of the following options:
  - Student Health Portal**  
<https://whitworth.studenthealthportal.com/Document>  
Upload instructions: click the link to go to the [Student Health Portal](#) or copy the link and paste into the web browser. Click on "Document Upload" and select "TB Risk Assessment" then upload the form.  
Only document types of PNG, JPEG, PDF, and TIFF are accepted.
  - Mail**  
Whitworth University Health Services  
300 West Hawthorne Road  
Spokane, WA 99251
  - Fax**  
509.777.4338