

# Tuberculosis (TB) Risk Assessment

To be completed by a **PHYSICIAN OR NURSE PRACTITIONER** if any of the questions on the Tuberculosis (TB) Screening Questionnaire were answered YES

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Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First MI

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:

### Risk Factor

- Recent close contact with someone with infectious TB disease  Yes  No
- Foreign-born from (or travel\* to/in) a high-prevalence area (e.g., Africa, Asia, Eastern Europe, or Central or South America)  Yes  No
- Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease  Yes  No
- HIV/AIDS  Yes  No
- Organ transplant recipient  Yes  No
- Immunosuppressed (equivalent of > 15 mg/day of prednisone for > 1 month or TNF- $\alpha$  antagonist)  Yes  No
- History of illicit drug use  Yes  No
- Resident, employee, or volunteer in a high-risk congregate setting (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)  Yes  No
- Medical condition associated with increased risk of progressing to TB disease if infected [e.g., diabetes mellitus, silicosis, head, neck, or lung cancer, hematologic or reticuloendothelial disease such as Hodgkin's disease or leukemia, end stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight (i.e., 10% or more below ideal for the given population)]  Yes  No

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

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1. **Does the student have signs or symptoms of active tuberculosis disease?**  Yes  No  
If YES, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.
- If NO, do you feel a tuberculin skin test is needed?  Yes  No

### 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: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

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

Result: \_\_\_\_\_mm of induration

\*\*Interpretation: negative \_\_\_\_\_ positive \_\_\_\_\_

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

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

Result: \_\_\_\_\_mm of induration

\*\*Interpretation: negative \_\_\_\_\_ positive \_\_\_\_\_

(over)

