

Tuberculosis (TB) Risk Assessment

To be completed by Health Care Provider 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- α 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 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: ____/____/____
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)

