



**Virginia Department of Health Division of TB Control
TB Risk Assessment Form (TB 512)**

Patient name (L, F, M): _____
 Address: _____
 Home Telephone #: _____ Work Telephone #: _____ Cell Phone #: _____
 DOB: ____/____/____ Sex: _____ Social Security Number: _____
 Ethnicity: _____ Race: _____
 Country of birth: _____ Year of US arrival (if applicable): _____
 Language(s) spoken: _____ Interpreter needed? ____No ____Yes
 History of Prior BCG? ____No ____Yes → Specify year: _____ Is patient pregnant? ____No ____Yes → LMP: ____/____/____
 Drug allergies: _____

I. Screen for TB Symptoms (Check all that apply)

____None (Skip to Section II, "Screen for Infection Risk")
 ____Cough for > 3 weeks → Productive? ____Yes ____No
 Hemoptysis? ____Yes ____No
 ____Fever, unexplained
 ____Hemoptysis
 ____Unexplained weight loss
 ____Poor appetite
 ____Night sweats
 ____Fatigue

Pediatric Patients (≤ 6 years of age)
 ____Wheezing
 ____Failure to thrive
 ____Decreased activity, playfulness and/or energy
 ____Lymph node swelling
 ____Personality changes

Evaluate these symptoms in context

II. Screen for TB Infection Risk (Check all that apply)

Individuals with an increased risk for acquiring latent TB infection (LTBI) or for progression to active disease once infected should have a TST. Screening for persons with a history of LTBI should be individualized.

A. Assess Risk for Acquiring LTBI

____Person is a current close contact of a person known or suspected to have TB disease
 Name of source case: _____
 ____Person has lived in a country - for 3 months or more - where TB is common, and has been in the US for 5 or fewer years
 ____Person is a resident or an employee of a high TB risk congregate setting
 ____Person is a health care worker who serves high-risk clients
 ____Person is medically underserved
 ____Person has been homeless within the last two years
 ____Person is an infant, a child or an adolescent exposed to an adult(s) in high-risk categories
 ____Person injects illicit drugs or uses crack cocaine
 ____Person is a member of a group identified by the local health department to be at an increased risk for TB infection
 ____Person needs baseline/annual screening approved by health department

B. Assess Risk for Developing TB Disease if Infected

____Person is HIV positive
 ____Person has risk for HIV infection, but HIV status is unknown
 ____Person was recently infected with *Mycobacterium tuberculosis*
 ____Person has certain clinical conditions, placing them at higher risk for TB disease
 ____Person injects illicit drugs (determine HIV status)
 ____Person has a history of inadequately treated TB
 ____Person is >10% below ideal body weight
 ____Person is on immunosuppressive therapy (this includes treatment for rheumatoid arthritis with drugs such as Humira, Remicaid, etc.)

History of TB Skin Test and TB Treatment

Prior Mantoux Tuberculin Skin Test (TST)?
 ____No ____Yes → Date: ____/____/____ Induration: ____mm
 Prior TB treatment? ____No ____Yes → Provide details below:
 TB Treatment History
 ____LTBI ____TB Disease
 Year of treatment: _____
 Treatment duration: _____
 TB medications taken: _____
 Location of treatment: _____

III. Finding(s) (Check all that apply)

____Previous Treatment for LTBI and/or TB disease
 ____No risk factors for TB infection
 ____Risk(s) for infection and/or progression to disease
 ____Possible TB suspect
 ____Previous positive TST, no prior treatment

IV. Action(s) (Check all that apply)

____Issued screening letter
 ____Referred for CXR
 ____Referred for medical evaluation
 ____Administered the Mantoux TB Skin Test

TST #1	TST #2
Arm ____Left ____Right	Arm ____Left ____Right
Date Given ____/____/____	Date Given ____/____/____
Time Given _____	Time Given _____
Date Read ____/____/____	Date Read ____/____/____
Time Read _____	Time Read _____
Induration _____mm	Induration _____mm
____Positive ____Negative	____Positive ____Negative

Screener's signature: _____
 Screener's name (print): _____
 Screener's title: _____
 Date: _____ Phone number: _____
 Primary care provider: _____
 Primary care provider phone number: _____
 Comments: _____

A decision to test is a decision to treat. Given the high rates of false positive TB skin test results, the Division of TB Control discourages administration of the Mantoux TST to persons who are at a low risk for TB infection.

Purpose of Form

The TB Risk Assessment Form (TB 512) is a tool to assess and document a patient's TB symptoms and/or risk factors. Completing this form will also help in determining the need for further medical testing and evaluation.

Directions for Completing the Form

Print clearly and complete this form according to the instructions provided below.

I. Screen for Presence of TB Symptoms

- Screen the patient for symptoms of active TB disease.
- All symptomatic individuals who have not had a positive skin test in the past should: (1) receive a TB skin test (TST); (2) have their sputum collected; and, (3) be referred for an immediate chest x-ray and medical evaluation, regardless of the TST result.
- If the patient does not have symptoms of active TB disease, then go to Section II and assess risk for LTBI and/or disease.
- *Symptoms of active TB disease are more subtle in children.* Children with symptoms of active TB disease should receive a TST, CXR and immediate medical evaluation by a medical personnel knowledgeable about pediatric TB.

II. Screen for TB Infection Risk (In subsections A and B, check all the risk factors that apply.)

Section II has 2 sections: Section A, "Assess Risk for Acquiring LTBI"; and, Section B, "Assess Risk for Developing TB Disease if Infected".

- If a patient has one or more risk factors for LTBI as listed in sections A or B, then go to Section III and administer the TST.
- If a patient does not have risk factors for LTBI, do not administer the TST. Go to Section III and place a check next to "No Risk Factors for TB Infection." If the patient's school, employment, etc. requires a TB screening, place a check next "Issued Screening Letter" (Section IV) and provide this document to the patient.

A. Assess Risk for Acquiring LTBI -- The following are definitions of select categories of persons at risk for LTBI

- *Person is a current close contact of another individual known or suspected to have TB disease --*
Person is part of a current TB contact investigation
- *Person is a resident/employee of high TB risk congregate settings --*
These settings are correctional facilities, nursing homes, and long-term care institutions for the elderly, mentally ill and persons with AIDS.
- *Person is a health care worker who serves high risk clients --*
Screen for the individual risk factors for TB infection, unless screening efforts are part of an ongoing facility infection control program approved by local health department.
- *Person is medically underserved --*
Person doesn't have a regular health care provider, and has not received medical care within the last 2 years.
- *Person is an infant, a child or an adolescent exposed to an adult(s) in high-risk categories --*
Child has foreign-born parents, or child's parents/caretakers are at high risk for acquiring TB infection.
- *Person is a member of a group identified by a local health department to be at an increased risk for TB infection --*
Identification of a group is based on local epidemiologic data showing an increase in the number of persons with TB disease or TB infection in the given group
- *Person needs baseline/annual screening approved by health department --*
Screening program that is approved by the local health dept. for facilities or individuals at an increased risk for LTBI

B. Assess Risk for Developing TB Disease if Infected - The following are definitions of select categories of persons at risk for TB disease if infected

- *Person's HIV Status is unknown but has risk for HIV infection --*
Offer HIV test. Administer the TB Skin Test, even if the patient refuses the HIV test.
- *Person with clinical conditions that place them at high risk --*
Conditions include substance abuse, chest x-ray findings that suggest previous TB, diabetes mellitus, silicosis, prolonged corticosteroid therapy, cancer of the head and neck, leukemia, lymphoma, hematologic and reticuloendothelial diseases, end stage renal disease, intestinal bypass or gastrectomy, and chronic malabsorption syndromes.
- *Person is on immunosuppressive therapy --*
Person is taking ≥ 15 mg/day of prednisone for ≥ 1 month; person is receiving treatment for rheumatoid arthritis with medications such as remicad or humira; and/or, person needs baseline evaluation prior to start of arthritis treatment with the medications cited here.

III. Finding(s) (Check all findings that apply.)

In this section, indicate findings from the assessments in all previous sections.

IV. Action(s) (Check all actions that apply.)

- Indicate the action(s) to take as a result of the findings in Section III
- If administering the TB Skin test, provide all requested data for "TST #1" and if applicable, for "TST #2"
- Write other pertinent patient information next to "Comments"

Additional Follow-up to the Mantoux TB Skin Test

- If the patient's TST reaction is interpreted as positive or if she/he has symptoms for TB disease, refer the patient immediately for a chest x-ray.
- If a person has a history of a positive TST and is currently asymptomatic, then refer him/her for a chest x ray if the following two conditions apply: 1) patient is a candidate for LTBI treatment; and, 2) patient is willing to adhere to the treatment.