



# Kentucky Department For Public Health Tuberculosis (TB) Risk Assessment

Patient name (L,F,M): \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Home/Work #: \_\_\_\_\_ Cell# \_\_\_\_\_ Patient Pregnant: \_\_\_\_\_ No \_\_\_\_\_ Yes; If Yes, LMP \_\_\_\_\_  
 Language: \_\_\_\_\_ Country of Origin: \_\_\_\_\_ Year arrived in US: \_\_\_\_\_ Interpreter needed: \_\_\_\_\_ No \_\_\_\_\_ Yes  
 Allergies: \_\_\_\_\_ Current Medications: \_\_\_\_\_

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

- None (Skip to Section II, "Screen for TB Infection Risk")
- Cough for  $\geq$  3 weeks  $\rightarrow$  Productive:  YES  NO
- Hemoptysis
- Fever, unexplained
- Unexplained weight loss
- Poor appetite
- Night sweats
- Fatigue

Evaluate these symptoms  
in context

**Pediatric Patients  
( $\leq$  5 years of age):**

- Wheezing
- Failure to thrive
- Decreased activity,  
playfulness and/or energy
- Lymph node swelling
- Personality changes

**History of BCG / TB Skin Test / BAMT / TB Treatment:**

History of prior BCG:  NO  YES  $\rightarrow$  Year: \_\_\_\_\_  
 History of prior (+) TST or (+) BAMT:  NO  YES  
 Date (+) TST / (+) BAMT \_\_\_\_\_ TST: \_\_\_\_\_ mm  
 CXR Date: \_\_\_\_\_ CXR result:  ABN  WNL  
 Dx:  LTBI  Disease  
 Tx Start: \_\_\_\_\_ Tx End: \_\_\_\_\_  
 Rx: \_\_\_\_\_  
 Completed:  NO  YES  
 Location of Tx: \_\_\_\_\_

**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 (+) TST or (+) BAMT, no prior treatment

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

- Issued screening letter  Issued sputum containers
- Referred for CXR  Referred for medical  
evaluation
- Administered the Mantoux TB Skin Test
- Draw BAMT / Interferon-gamma Release Assay ((IGRA)
- Other: \_\_\_\_\_

TST Brand/Lot # \_\_\_\_\_ TST Brand/Lot# \_\_\_\_\_

Arm: <input type="checkbox"/> Left <input type="checkbox"/> Right	Arm: <input type="checkbox"/> Left <input type="checkbox"/> Right
Date/Time _____	Date/Time _____
Induration _____ mm	Induration _____ mm

BAMT  T-SPOT.TB  QFT-TB-G-IT

Date/Time drawn: \_\_\_\_\_

Result:  Pos  Neg  Borderline/Indeterminate

Screeener's signature: \_\_\_\_\_

Screeener's name (print): \_\_\_\_\_

Screeener's title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Comments: \_\_\_\_\_

**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. The Patient:**

- is a current high risk contact of a person known or suspected to have TB disease.
- has been in another country for - 3 or more months where TB is common, and has been in the US for  $\leq$  5 years
- is a resident or an employee of a high TB risk congregate setting
- is a healthcare worker who serves high-risk patients
- is medically underserved
- has been homeless within the past two years
- is an infant, a child or an adolescent exposed to an adult(s) in high-risk categories
- injects illicit drugs or uses crack cocaine
- is a member of a group identified by the health department to be at an increased risk for TB infection
- needs baseline/annual screening approved by the health department

**B. Assess Risk for Developing TB Disease if Infected The Patient...**

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

- I hereby authorize the doctors, nurses, or nurse practitioners of the \_\_\_\_\_ Department for Public Health to administer a Tuberculin Skin Test (TST) or draw blood from me or my child named above for a Blood Assay for *Mycobacterium tuberculosis* (BAMT) test.
- I agree that the results of this test may be shared with other health care providers.
- I understand that:
  - this information will be used by health care providers for care and for surveillance /statistical purposes only.
  - this information will be kept confidential

X \_\_\_\_\_ Date: \_\_\_\_\_

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