TUBERCULOSIS RISK ASSESSMENT

Complete this form for any patient receiving or requesting a tuberculin skin test, such as contacts, persons targeted for screening, or individuals requesting a test for employment/school. This form can be used as a screening tool to determine if testing is indicated and as a tool to document risk prior to testing. It can also be used to document a symptom review for a person with a history of TB infection or disease.

FACILITY INFORMATION						
Today's	Date:					
Facility	Clinic:					
	Address:					
Facility	Phone number:					
	PATIENT IN	FORN	/AT	ION		
Name: _	Job Title	:		Gender: _		
Date of	Birth: Birth Place: United St	ates [Othe	er (please identify country)		
Address	:City:_			State:Zip:		
Primary	phone/contact number: Altern	ate con	tact: _	(0	ell/home/work)	
Ethnicit	y: Non-Hispanic/Latino Hispanic/Latino					
Race:	White Black/African American Native American	n/Alask	an Na	ative Asian Unknown Other_		
	PREVIOUS TB SCREENI	NG Al	ND/O	OR TREATMENT		
Have yo	ou <u>ever</u> had a TB skin test (or IGRA) YES NO	Date of	last t	test Result positive [neg	
Have yo	ou <u>ever</u> received treatment for TB infection or disease:	YES	□ N	NO If YES , provide dates (including se	art/stop dates),	
location	, and medications of treatment:					
Have yo	ou had vaccine for TB (BCG) YES NO If yes,	where ((coun	try) and date of vaccine:		
In the la	ast 30 days, have you had a live viral vaccine (MMR, Chic	kenpox	, Flu,	, and Yellow Fever)? YES NO	Date	
	CLIENT CONSENT FOR S	SCRE	ENIN	NG/TREATMENT		
active TB disease, and to receive treatment with the prescribed medication(s) if an infection is identified. I understand that if an infection is present I may refuse treatment, but in accordance with state reporting laws the infection will be reported to the appropriate Wyoming Department of Health authorities. I also understand that I may be receiving medication from a non-pharmacy dispensing site. I understand that information and instructions will be provided to me and I should be familiar with the content of the instructions before taking the medication. Signature of client or guardian:						
Signatu	Te of chefit of guardian.			Date		
I have re how my	viedgement of Receipt of Notice of Privacy Practices eceived and read the Wyoming Department of Health Notice information will be used. Client's initials: he remainder of this document needs to be ************************************	e revi	ewe	ed by a nurse or healthcare pr	ovider.	
	TB SYMPTOM					
	Complete this see					
Symptom assessment conducted annually serves as a review for clients with a history of a previously positive skin test.						
	Pulmonary TB Sy	mptor	n As	sessment		
YN		Y	N	Signs and Sympto		
	Prolonged cough (> 2-3 weeks) with or without production of sputum that might be bloody			Diagnosis of community-acquired pneumon improved after 7 days of treatment	ia that has not	
	Chest pain			Unexplained weight loss		
	Chills			Weakness or easily fatigued		
	Fever			Loss of Appetite		
	Night Sweats			Other		
Nurse/0	Clinician providing history and risk assessment					
	(Sig	gnature ar	nd cred	entials) (Date)		

TARGETED TB SCREENING ASSESSMENT

Review the following risk factors for all clients prior to making a decision to skin test. The decision to skin test for TB infection is influenced by numerous factors including known exposure, clinical circumstances, and judgment by the health care provider

Check if apply	Employment (please ide	ntify facility)			
•	Correctional/Detention				
	Hospital/Health care				
	Homeless Shelter Child care facility(WDH recommends intial employment screening unless other risk factors)				
	Long Term care facility	6			
	Mental health				
	Other				
	Oulci				
Check if apply Behavioral Risk (please identify country or facility as necessary)					
	Foreign-born persons, including children, from areas that have a h				
	(e.g., Latin America and the Caribbean, Africa, Asia, Eastern Europe, and Russia)				
	Infants, children, and adolescents, who are frequently exposed to adults at high risk for TB infection.				
	Infants, children, and adolescents with travel histories to countries with endemic infection and having substantial contact with native people from such countries (e.g., Latin America and the Caribbean, Africa, Asia, Eastern Europe, and Russia) List country and duration of stay:				
	Travelers who anticipate possible prolonged exposure to TB (e.g., those who could be expected to come in contact routinely with hospital, prison, or homeless shelter populations) or those who may have an extended stay over a period of years in an endemic country (e.g., Latin America and the Caribbean, Africa, Asia, Eastern Europe, and Russia) * If the result is negative, travelers should have a repeat test approximately 8-10 weeks after returning.				
	Resident high-risk congregate setting (Long-term care facilities, N	Mental health institutions)			
	Detention/Correction				
	Homeless (past/current)				
	licit Drug Use				
	Other				
	Contact Investigation				
Check if apply	Have you been exposed to, or are you involved in a contact investigation for someone with TB?				
	Active Pulmonary Case				
	Active Extra-Pulmonary Case				
	Other				
	Presence of the following clinical conditions or immunocouthe risk for progression to active TB disease if alre	ady infected with latent TB.			
Check if apply	Clinical/Immunocompromising Conditions	Description			
	HIV infection				
	Silicosis Diabetes Mellitus				
	Chronic renal failure/ end-stage renal disease				
	Hematologic/reticuloendothelial disease				
	Cancer of the head, neck or lung				
	Low body weight (10% or more below ideal body weight)				
	Prolonged corticosteroid use				
	Other immunosuppressive therapy				
	(e.g. prednisone or tumor necrosis factor-alpha antagonists)				
	Organ transplantation				
	Chronic malabsorption syndromes				
	Intestinal bypass or gastrectomy				
	Chest radiograph findings suggestive of previous TB infection in a person who received inadequate or no treatment				
Nurse/Clin	icians initials	☐ Assessment complete/No Risk Identified			

TB SCREENING RECORD A DECISION TO TEST IS A DECISION TO TREAT

Testing should identify individuals most at risk for progression to active disease and those at high risk of acquiring TB infection

Testing without a plan to treat those identified as positive is discouraged

FACILITY INFORMATION						
Today's Date:						
Facility Clinic:						
FacilityAddress:						
Facility Phone number:						
PATIENT INFORMATION						
Name: Job Tit	le: Gender: State: Zip:					
Address:City:	State:Zip:					
Phone number:Date of Birth:	SS#(required only if requesting medications)					
TB TESTING INFORMATION						
<u>First Skin Test:</u> Lot #: Exp. Date:						
Date Applied: Time Applied: Site: Dose: Route: Test Planted by:						
Date Read: Time Read: mm positive/negative (circle one) Result Read by:						
Second Skin Test: Lot #: Exp. Date:						
Date Applied: Site: Dose	e: Route: Test Planted by:					
Date Read: Time Read: Reading: mi	m positive/negative (circle one) Result Read by:					
IGRA Test T-Spot Quantiferon Gold Date Drawn: Result Date: Results:						
Chest X-ray (please include a copy of the report, if requesting me	edication)					
View: Date:Results	s:					
<u>HIV TEST</u> □ Negative □ Positive □ Unknown (Test not conducted) ☐ Refused (Test not conducted)					
<u>Liver Function Tests</u>						
Date: Results: Da	nte: Results:					
Comments: Co	omments:					
Comments						
When a patient initiates, completes, or otherwise ends trea	tment for LTBI, fill out this section and submit completed form					
	B Program at 307-777-5279.					
INH or other medication LTBI therapy, Date started:						
INH or other medication LTBI therapy, Date completed:						
INH or other medication LTBI therapy, Date discontinued:						
If medications discontinued, check reason: Diagnosed w/ active TB Noncompliant Lost to follow up						
□ Death □ Medical Suspension due to adverse reaction □ Moved, records referred to:						
Comments						
Nurse/Clinician						
(Signature and credentials)	(Date)					
()						

CRITERIA FOR INTERPRETING A MANTOUX TEST TO BE POSITIVE:

For the following persons who are at highest risk of developing active tuberculosis disease if they are infected, tuberculin skin tests are considered **positive at 5mm of induration or larger:**

- Recent contacts of TB case patients
- Persons with fibrotic changes on chest radiograph consistent with prior TB
- Patients with organ transplants and other immunosuppressed patients
 (e.g., taking the equivalent of >15 mg/day of prednisone for 1 month or longer, or taking tumor necrosis factor inhibitors)
- Human Immunodeficiency Virus (HIV/AIDS) infected persons

For the following persons with other known **high-risk medical conditions** or **population risks** for recent infection, tuberculin skin tests are positive at **10mm of induration or larger:**

- Foreign-born persons, including children, from areas that have a high TB incidence or prevalence. (e.g., Latin America and the Caribbean, Africa, Asia, Eastern Europe, and Russia)*
- Illicit drug use
- Residents and employees of the following high-risk congregate settings:
 - Correctional institutions
 - o Long-term facilities
 - o Mental health institutions
 - o Child care facilities
 - o Hospitals and other health care facilities
 - o Residential facilities for patients with acquired immunodeficiency syndrome (AIDS)
 - o Homeless shelters
- Mycobacteriology laboratory personnel
- Persons with the following clinical conditions that place them at high risk:
 - o Silicosis
 - o Diabetes mellitus
 - o Chronic renal failure/end-stage renal disease
 - o Hematologic/reticuloendothelial disease
 - o Cancer of head, neck, or lung
 - o Low body weight (10% or more below ideal body weight)
 - o Intestinal bypass or Gastrectomy
 - o Chronic malabsorption syndromes
 - o Organ Transplant
- Children < 4 years of age (unless the child falls under another category due to condition or exposure)
- Infants, children, and adolescents frequently exposed to adults at high risk for TB infection.
- Travelers who have reported history of prolonged exposure or extended stay in endemic country (e.g., Latin America and the Caribbean, Africa, Asia, Eastern Europe, and Russia)

For persons at low risk for TB, for whom tuberculin testing is not generally indicated, tuberculin skin tests are **positive at 15mm of induration or larger**:

• Persons with no known risk factors for TB.

*Additional instructions/recommendations may apply to individuals seeking care through a Civil Surgeon. Please reference recommendations: http://www.cdc.gov/ncidod/dq/civil.htm.

Important Skin Testing information:

The Mantoux test should be read 48 to 72 hours after the injection, and the diameter of induration (not erythema) should be measured transversely to the long axis of the forearm and recorded in millimeters.

Reference: Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection, CDC, MMWR, Vol. 49, RR-6, June 9, 2000. CDC fact sheet "Targeted Tuberculin Testing and Interpreting Tuberculin skin Test Results, April 2005 available at www.cdc.gov/tb.