



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

Evaluate these symptoms
in context

Pediatric Patients (≤ 6 years of age)

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

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, Remicad, 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
____ Issued sputum containers
____ Other _____

TST #1

Arm ____ Left ____ Right
Date Given ____/____/____
Time Given _____

Date Read ____/____/____
Time Read _____
Induration _____ mm
____ Positive ____ Negative

TST #2

Arm ____ Left ____ Right
Date Given ____/____/____
Time Given _____

Date Read ____/____/____
Time Read _____
Induration _____ mm
____ 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.



Virginia Department of Health Division of TB Control Instructions for the TB Risk Assessment Form (TB 512)

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.