

**The University of Tennessee, Knoxville
Tuberculosis (TB) Risk Assessment Form**

First Name: _____ Last Name: _____ Telephone: _____

Social Security #: _____ Date of Birth: _____

To Health Care Provider:

This student's responses on our TB Screening Questionnaire confirm an increased risk for TB infection. The following information is therefore required to complete their registration process for the University.

All indicated testing must be performed within the 6 months prior to the first day of the student's first semester of classes.

1. Risk Factors (Review with patient.)		
A prior positive TB test	Yes	No
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; or 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.

2. Does the student have signs or symptoms of active TB, e.g. fever, night sweats, hemoptysis, prolonged cough, or weight loss?	Yes	No
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If yes , proceed with testing as indicated, e.g. TST or IGRA, chest x-ray, sputum AFB smear and cultures.
Ongoing treatment for TB will not prevent the student's enrollment.
If no , proceed to number 3.

3. Tuberculin Skin Test (TST) OR Interferon Gamma Release Assay (IGRA)

Do not use TST within four weeks of a live virus vaccine.
TST result should be recorded as actual millimeter of induration, transverse diameter; if no induration, write "0".
The TST interpretation should be based on millimeter of induration as well as risk factors. See page 2.**

Date Given: ____ / ____ / ____
 M D Y

Result: _____ mm of induration

Date Read: ____ / ____ / ____
 M D Y

**Interpretation: Negative / Positive

Date Given: ____ / ____ / ____
 M D Y

Result: _____ mm of induration

Date Read: ____ / ____ / ____
 M D Y

**Interpretation: Negative / Positive

Interferon Gamma Release Assay (IGRA)

Date Obtained: ___/___/___ (specify method) QFT-G QFT-GIT T-Spot other ___
M D Y
Result: Negative / Positive / Intermediate / Indeterminant

Date Obtained: ___/___/___ (specify method) QFT-G QFT-GIT T-Spot other ___
M D Y
Result: Negative / Positive / Intermediate / Indeterminant

4. Chest x-ray required within 6 months prior to start of classes for recent or prior positive TST or IGRA

Date Obtained: ___/___/___ Result: Normal / Abnormal
M D Y

5. Provide or attach information regarding past or present treatment for latent or active TB infection:

6. Health Care Provider Contact Information sign only when testing completed

Provider Name: _____
Address: _____
City State Zip Code Country _____
Phone Number: _____ Fax Number: _____
Provider Signature _____
Date _____

**** TST Interpretation Guidelines**

>5 mm is positive in:

- Recent close contacts of an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray consistent with past TB disease
- Organ transplant recipients
- Immunosuppressed persons: taking > 15 mg/d of prednisone for > 1 month; taking a TNF-α antagonist
- Persons with HIV/AIDS

>10 mm is positive in:

- Persons born in a high prevalence country or who resided in one for a significant* amount of time
- History of illicit drug use
- Mycobacteriology laboratory personnel
- History of resident, worker or volunteer in high-risk congregate settings
- Persons with the following: silicosis; diabetes mellitus; chronic renal failure; leukemias and lymphomas; gastrectomy or intestinal bypass; head, neck, or lung cancer; low body weight (>10% below ideal); and/or chronic malabsorption syndromes

>15 mm is positive in:

- Persons with no known risk factors for TB disease

*The significance of the travel exposure should be discussed with a health care provider and evaluated.

Healthcare Provider: Please return this completed two page form to the address listed below. It must be received in our office by 8/31 for Fall Enrollees or 1/31 for Spring Enrollees or a "Hold" will be placed on their account.

**Immunization Coordinator
University of Tennessee, Student Health Center
1800 Volunteer Blvd.
Knoxville, TN 37996-3102**