

**Kings Daughters Medical Center Tuberculosis (TB) Risk Assessment**

Patient name \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Team member # \_\_\_\_\_

Home/Work #: \_\_\_\_\_ Cell# \_\_\_\_\_ Patient Pregnant: \_\_\_\_\_ No \_\_\_\_\_ Yes; If Yes, LMP \_\_\_\_\_

Allergies: \_\_\_\_\_ Current Medications: \_\_\_\_\_

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

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

**Assess Risk for Developing TB if Infected Patient...**

- is HIV positive
- has risk for HIV infection, but HIV status is unknown
- was recently infected with *Mycobacterium tuberculosis*
- has medical condition, increasing risk for TB \_\_\_\_\_
- 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.)

**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.

**Assess Risk for Acquiring LTBI. The Patient:**

- is a current contact of a person known/ suspected to have TB.
- been in another country for  $\geq 3$  months where TB is common
- has been in the US for  $\leq 5$  years
- is a resident/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 exposed to an adult(s) in high-risk categories
- injects illicit drugs or uses crack cocaine
- a member of a group identified to be an increased risk for TB
- needs baseline/annual screening

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

- History of prior BCG:  NO  YES 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

**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

**PPD Name: (circle one):** Tubersol Aplisol

**Site: (circle one):** Left Forearm Right Forearm

Lot #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Administered By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Do not forget to have it read within 48-72 hours

On: \_\_\_\_\_ After: \_\_\_\_\_ --OR--

On: \_\_\_\_\_ Before: \_\_\_\_\_

**\*\*If you fail to have it read, it must be repeated\*\***

Date Read \_\_\_\_\_ Time \_\_\_\_\_ Results in mm\* \_\_\_\_\_

Read By (please print) \_\_\_\_\_

Signature \_\_\_\_\_

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

- Issued screening letter
- Issued sputum containers
- Referred for CXR, Referred for medical evaluation
- Draw BAMT / Interferon-gamma Release Assay ((IGRA)
- Other: \_\_\_\_\_

**Comments**

**Provider** \_\_\_\_\_

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

**PLEASE FAX COMPLETED FORM TO 606.408.6643 (Occupational Medicine Dept.)**