



# STUDENT HEALTH SERVICES

## TUBERCULOSIS (TB) RISK ASSESSMENT FORM

coastal.edu/health

Name of student: (print) \_\_\_\_\_ SSN or CCU ID # \_\_\_\_\_  
Last First Middle

► **The TUBERCULOSIS (TB) RISK ASSESSMENT FORM must be completed by health care provider.**

**Clinicians should review and verify the information in the CCU IMMUNIZATION/ TB PRESCREENING FORM. Persons answering YES to any of the questions in Part B Section 4 of the IMMUNIZATION/ TB PRESCREENING FORM are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.**

History of a positive TB skin test or IGRA blood test? (If yes, document below.)  Yes  No

History of BCG vaccination? (If yes, consider IGRA, if possible.)  Yes  No

**1. TB Symptom Check**

Does the student have signs or symptoms of active pulmonary tuberculosis disease?  Yes  No

If No, proceed to item 2 or 3.

- If Yes, check as applicable:
- Cough (especially if lasting for 3 weeks or longer) with or without sputum production
  - Coughing up blood (hemoptysis)
  - Chest pain
  - Loss of appetite
  - Unexplained weight loss
  - Night sweats
  - Fever

Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, IGRA or sputum evaluation as indicated.

**2. Tuberculin Skin Test (TST)**

TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0."  
 The TST interpretation should be based on mm of induration, as well as risk factors. (Populations defined locally as having an increased incidence of disease due to M. tuberculosis, including medically underserved, low-income populations.)

Date given: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Date read: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Result: \_\_\_\_\_ mm of induration

Interpretation:  positive  negative

Date given: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Date read: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Result: \_\_\_\_\_ mm of induration

Interpretation:  positive  negative

**\*Interpretation guidelines**

**>5mm is positive:**

- 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 and other immunosuppressed persons (including receiving equivalent of >15mg/d of prednisone for >1 month)
- HIV-infected persons

**>10mm is positive:**

- recent arrivals to the U.S. (<5 years) from high prevalence areas or who resided in one for a significant amount of time (The significance of the travel exposure should be discussed with a health care provider and evaluated.)
- injection drug users
- mycobacteriology laboratory personnel
- residents, employees, or volunteers in high-risk congregate settings
- persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunioleal bypass and weight loss of at least 10% below ideal body weight.

**>15mm is positive:**

- persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

**3. Interferon Gamma Release Assay (IGRA)**

Date obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Specify method)  QFT-GIT  T-Spot  Other \_\_\_\_\_  
Month Day Year

Result:  negative  positive  indeterminate  borderline (T-Spot only)

Date obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Specify method)  QFT-GIT  T-Spot  Other \_\_\_\_\_  
Month Day Year

Result:  negative  positive  indeterminate  borderline (T-Spot only)

**4. Chest x-ray: (Required if TST of IGRA is positive)**

Date of chest x-ray: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result:  normal  abnormal  
Month Day Year

**Management of Positive TST or IGRA**

All students with a positive TST of IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.\*

- Infected with HIV
- Recently infected with M. tuberculosis (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck or lung
- Have had a gastrectomy or jejunioileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol

\*Populations defined locally as having an increased incidence of disease due to M. tuberculosis, including medically underserved, low-income populations

- Student agrees to receive treatment
- Student declines treatment at this time

**HEALTH CARE PROVIDER**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

**Student Health Services**