



Tuberculosis Risk Assessment Screening Questionnaire

Today's Date: _____

Name: _____ Date of Birth: _____

*If your child has the appointment today, please fill out the form as it pertains to the **child**.

<u>Circle any symptoms you are experiencing today:</u>						
Cough	Fever	Loss of Appetite	Coughing Up Blood	Fatigue	Weight Loss	Night Sweats
1. Have you ever had a positive TB Skin Test <u>or</u> positive TB Blood Test (Quantiferon Level)? (If YES, also answer A-D below). (If NO, skip to Question #2).	YES	NO	UNSURE			
Answer only if history of positive TB Test: A. Date of positive test? _____ B. Date of last chest x-ray? _____ Normal: Yes No C. Was a preventive treatment for tuberculosis taken (such as INH)? Yes No D. Preventative treatment dates? _____						
2. Have you had any of the following vaccines in the past 4 weeks: MMR (Measles/Mumps/Rubella), Varicella, Proquad (MMR/Varicella combination vaccine), Zoster (Shingles), or FluMist?	YES	NO	UNSURE			
3. Do you have, or live with someone who has, active Tuberculosis, HIV/AIDS, or any other immune system problems?	YES	NO	UNSURE			
4. Do you live or work, in a hospital, clinic, nursing home, shelter, or prison?	YES	NO	UNSURE			
5. Do you have a family member or anyone you see regularly, who may be suspected of having active tuberculosis disease?	YES	NO	UNSURE			
6. Were you born in, traveled to, or lived in, Asia, Africa, Latin America, Caribbean, Eastern Europe, Pacific Islands, South America, or Mexico?	YES	NO	UNSURE			
7. Do you live in foster care, or a group home?	YES	NO	UNSURE			
8. Have you been incarcerated (in prison) in the last 5 years, or lived with someone who has been incarcerated in the last 5 years?	YES	NO	UNSURE			
9. Are you currently homeless, a migrant worker, a street drug user, or have you been exposed to someone who is currently homeless, a migrant worker, or a street drug user?	YES	NO	UNSURE			

I have received information about the TB skin test and have had the opportunity to ask any questions which were answered to my satisfaction. I agree to return in **48-72 hours** to have my TB test read. I understand the risks and benefits of the TB skin test and request the test be administered to me. I understand that if I am symptomatic for TB, or the TB skin test is positive, I will need to follow up with my Primary Care Physician and further treatment may be necessary.

Form Completed By (Signature): _____ Date: _____

Print Name: _____

Relationship to Patient: (Self), (Parent), (Guardian), Other): _____

Name of Patient: _____ Date of Birth: _____

Administration	TST #1	TST #2 (Two-Step)
Name of Staff Administering Test	Nikki Washington, RMA	
Signature of Staff Administering Test		
Date and Time Administered	11/01/2016	
Location (Circle)	Left Forearm	Left Forearm
	Right Forearm	Right Forearm
Manufacturer	PAR Pharmaceutical Companies, INC	
Lot Number and Expiration Date		

Reading	TST #1	TST #2 (Two-Step)
Name of Staff Reading Test		
Signature of Staff Reading Test		
Date and Time Read		
Induration (Read Across Forearm Left to Right Only)	_____ mm	_____ mm
Interpretation	Positive** Negative	Positive** Negative

****Test Interpretation:**

If the patient's TST is 5-9 millimeters, screen the patient further for positive high risk conditions (see high risk conditions below under "An induration of 5 or more millimeters). If none of the high risk conditions are applicable to the patient, then the patient's test is considered to be negative, but the millimeter reading must still be documented. If any of these risk factors do apply, the patient's test is considered positive and a Referral for Chest X-ray Referral or Blood Quantiferon Level should be initiated. Once results of CXR or Quantiferon Level are received, Provider should initiate and discuss further treatment with patient if applicable.

An **induration of 5 or more millimeters** is considered **positive** in:

- HIV-infected persons
- A recent contact of a person with TB disease
- Persons with fibrotic changes on chest radiograph consistent with prior TB
- Patients with organ transplants
- Persons who are immune-suppressed for other reasons (e.g., taking the equivalent of >15 mg/day of prednisone for 1 month or longer, taking TNF-a antagonists)

In the state of California, if the patient's TST is 10 millimeters or above, the TST is considered **positive** and a Referral for Chest X-ray Referral or Blood Quantiferon Level should be initiated. Once results of CXR or Quantiferon Level are received, Provider should initiate and discuss further treatment with patient if applicable.

An **induration of 10 or more millimeters** is considered **positive** in:

- Recent immigrants (< 5 years) from high-prevalence countries
- Injection drug users
- Residents and employees of high-risk congregate settings
- Mycobacteriology laboratory personnel
- Persons with clinical conditions that place them at high risk
- Children < 4 years of age
- Infants, children, and adolescents exposed to adults in high-risk categories

All patients testing 10 millimeters or higher are considered positive in California due to risk factors of the populations residing in California, however, an induration of 15 or more millimeters is considered positive in any person, including persons with no known risk factors for TB. However, targeted skin testing programs should only be conducted among high-risk groups.