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| INSERT LOGO HERE | **Kentucky Department For Public Health**  **Tuberculosis (TB) Risk Assessment** | | |
| Patient name (L,F,M): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Race: \_\_\_\_ Sex: \_\_\_\_SSN:\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home/Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient Pregnant: \_\_\_\_ No \_\_\_\_ Yes; If Yes, LMP \_\_\_\_\_\_\_\_\_\_\_\_  Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country of Origin:\_\_\_\_\_\_\_\_\_\_\_ Year arrived in US:\_\_\_\_\_\_\_Interpreter needed: \_\_\_\_No \_\_\_\_ Yes  Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 1. **Screen for Active TB Symptoms (Check all that apply)**   \_\_\_None (Skip to Section II, “Screen for TB Infection Risk”)  \_\_\_Cough for > 3 weeks Productive: \_\_\_YES \_\_\_NO   |  | | --- | | **Pediatric Patients**  **(< 5 years of age):**  \_\_\_Wheezing  \_\_\_Failure to thrive  \_\_\_Decreased activity,  playfulness and/or energy  \_\_\_Lymph node swelling  \_\_\_Personality changes |   \_\_\_Hemoptysis  \_\_\_Fever, unexplained  \_\_\_Unexplained weight loss  \_\_\_Poor appetite  \_\_\_Night sweats  \_\_\_Fatigue  *Evaluate these symptoms*  *in context* | | **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  Location of Tx: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. **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 | |
| 1. **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.   1. **Assess Risk for Acquiring LTBI. The Patient:**   \_\_\_ is a current high risk contact of a person known or suspected to have  TB disease.  \_\_\_ has been in another country for - 3 or more months where TB is  common, and has been in the US for < 5 years  \_\_\_ is a resident or an 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 an infant, a child or an adolescent exposed to an adult(s) in  high-risk categories  \_\_\_ injects illicit drugs or uses crack cocaine  \_\_\_ is a member of a group identified by the health department to be at  an increased risk for TB infection  \_\_\_ needs baseline/annual screening approved by the health department   1. **Assess Risk for Developing TB Disease if Infected**   **The Patient...**  \_\_\_ is HIV positive  \_\_\_ has risk for HIV infection, but HIV status is unknown  \_\_\_ was recently infected with *Mycobacterium tuberculosis*  \_\_\_ has certain clinical conditions, placing them at higher risk for TB  disease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ 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.) | |
| 1. **Action(s) *(Check all that apply)***   \_\_\_ Issued screening letter \_\_\_ Issued sputum containers  \_\_\_ Referred for CXR \_\_\_ Referred for medical  evaluation  \_\_\_ Administered the Mantoux TB Skin Test  \_\_\_ Draw BAMT / Interferon-gamma Release Assay ((IGRA)  \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **TST Brand/Lot #\_\_\_\_\_\_\_\_ TST Brand/Lot#\_\_\_\_\_\_\_\_** | |
| Arm: \_\_\_Left \_\_\_Right  Date/Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Induration\_\_\_\_\_\_\_\_\_\_\_mm | Arm: \_\_\_Left \_\_\_Right  Date/Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Induration\_\_\_\_\_\_\_\_\_\_\_mm |
| **\_\_\_BAMT \_\_\_T-SPOT.*TB* \_\_\_QFT-TB-Gold-Plus** | |
| Date/Time drawn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Result: \_\_\_Pos \_\_\_Neg \_\_\_Borderline/Indeterminate | |
| Screener’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Screener’s name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Screener’s title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| * I hereby authorize the doctors, nurses, or nurse practitioners of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department for Public Health to administer a Tuberculin Skin Test (TST) or draw blood from me or my child named above for a Blood Assay for *Mycobacterium* *tuberculosis* (BAMT) test. * I agree that the results of this test may be shared with other health care providers. * I understand that: • this information will be used by health care providers for care and for surveillance /statistical purposes only.   • this information will be kept confidential  X  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **IMPORTANT: A decision to test is a decision to treat.** Given the high rates of false positive TB skin test results, the Kentucky TB Prevention and Control Program discourages administration of the Mantoux TST to persons who are at a low risk for TB infection. | | | |

TB-4 (7/2022)