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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 \_\_\_\_ YesAllergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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

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| **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 \_\_\_YESDate (+) TST / (+) BAMT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TST: \_\_\_\_mmCXR Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CXR result: \_\_\_ABN \_\_\_WNLDx: \_\_\_LTBI \_\_\_DiseaseTx Start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tx End: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rx: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Completed: \_\_\_NO \_\_\_YESLocation 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 department1. **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 \_\_\_RightDate/Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_Induration\_\_\_\_\_\_\_\_\_\_\_mm |  Arm: \_\_\_Left \_\_\_RightDate/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 confidentialX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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)