



Patient Tuberculosis Risk Assessment

This form should be used for any patient requesting tuberculosis testing, as a screening tool to document risk prior to testing, and to determine whether testing is indicated.

FACILITY INFORMATION

Date _____ Nurse/Clinician Completing Risk Assessment: _____
Facility/Clinic _____
Mailing address _____ Phone _____
City/State/Zip _____ Fax _____

PATIENT INFORMATION

Name (last) _____ (first) _____ DOB _____ Sex _____
Occupation (if Retired, prior Occupation) _____
Country of birth _____ Date of Arrival in the US _____
Mailing address _____ City _____ State _____ Zip _____
Phone number _____ Alternate contact/guardian _____
Insurance status: Uninsured Medicaid Medicare Private Insurance (ACA, student, employer, etc.) VA IHS
Race: American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Pacific Islander White
 Unknown Not Listed, Please Specify: _____
Ethnicity: Hispanic or Latino/a Non-Hispanic or Latino/a
Sex assigned at birth: Male Female Decline to Answer
Gender Identity: Man Woman Transgender Man Transgender Woman Nonbinary/Genderqueer Decline to Answer
 Not Listed, Please Specify: _____

CONSENT FOR SCREENING AND TREATMENT

In accordance with state law, positive test results may be reported to the Wyoming Department of Health (WDH). WDH follows HIPAA laws and regulations related to disclosure of protected health information.

Acknowledgement of Receipt of Notice of Privacy Practices: I have received and read the notice of privacy practices and have had a chance to ask questions about how my information will be used.

Signature of patient (or guardian) _____ Date _____

**** The remainder of this document needs to be reviewed by a nurse or other clinician. ****

Patient Name _____ DOB _____ Nurse/Clinician Initials _____ Date _____

PREVIOUS TB SCREENING OR TREATMENT

Have you previously had a TB skin or blood test? No Yes, date of last test _____ Result Neg Pos _____ mm

Have you ever received treatment for TB disease or infection? No Yes If yes please dates of treatment, location, and medications:

Have you ever had a vaccine for TB (BCG)? No Yes, country and date of vaccine _____

Patients who have completed TB treatment should no longer be screened for tuberculosis infection using skin tests or interferon gamma release assays (IGRAs) as they are unreliable predictors of infection after treatment completion. Instead, any tuberculosis screening should be for active disease and only in the context of suspected reinfection due to known exposure or symptom development.

Do not place a TB skin test if the patient has a previously positive TB test, received BCG, or is foreign born.

TARGETED TB RISK ASSESSMENT

Review the following assessments for any symptoms and risk factors before deciding to test patient for TB. Patients with symptoms of TB or risk factors are at a greater risk for TB infection or disease and should be tested. In patients with a history of previous positive testing or previous TB treatment, this form can be used as a symptom and risk review. If no further symptoms or risks are identified, testing may not be necessary.

TB Symptom Assessment					
Y	N	Prolonged cough (>2-3wks) with or without sputum production that may be bloody	Y	N	Diagnosis of community-acquired pneumonia that has not improved after 7 days of treatment
Y	N	Chest pain	Y	N	Unexplained weight loss
Y	N	Chills	Y	N	Weakness or easily fatigued
Y	N	Fever	Y	N	Loss of appetite
Y	N	Night sweats	Y	N	Other

Check if applicable	Employment Risks
	Correctional or detention facilities
	Healthcare facility, including health care students
	Migrant/Seasonal Worker
	Long term care facility
	Mental health or substance use facility
	Homeless shelter
	Child care facility
	Other

Check if applicable	Social Risks
	Foreign born persons from areas that have a high TB burden (e.g., Latin America, Caribbean, Africa, Asia, Eastern Europe, Russia, South America). <i>List country(ies):</i> _____
	Infants, children, adolescents frequently exposed to adults at high risk for TB infection
	Prolonged travel (2 or more months) to countries with endemic infection rates (listed above) and/or substantial contact with native people from those countries. <i>List country(ies) and duration</i> _____
	Travelers who anticipate possible prolonged exposure to people with TB (for example, those who expect to come in contact routinely with clinic, hospital, prison, or homeless shelter populations) should have a TB skin test or a TB blood test before leaving the United States. If the test reaction is negative, they should have a repeat test 8 to 10 weeks after returning to the United States. <i>List country(ies):</i> _____
	Residents or former residents of high-risk congregate settings (long term care facilities, mental health or substance use treatment facility, long term hospital stay, homeless shelters, correctional facility). <input type="checkbox"/> Current <input type="checkbox"/> Past (ever) <i>List facility(ies) type:</i> _____
	Homeless <input type="checkbox"/> In the past 12 months <input type="checkbox"/> Ever
	Injection drug use <input type="checkbox"/> In the past 12 months <input type="checkbox"/> Ever
	Heavy alcohol use <input type="checkbox"/> In the past 12 months <input type="checkbox"/> Ever
	Smoker <input type="checkbox"/> Former <input type="checkbox"/> Current Packs/day (former or current): _____
	Other

Patient Name _____ DOB _____ Nurse/Clinician Initials _____ Date _____

Check if applicable	Clinical conditions that impact interpretation of TST (see page 5) and increase risk for progression to TB disease (Active TB).	Comments
	HIV/AIDS	
	Viral Hepatitis type B or C	
	Silicosis	
	Diabetes	
	Severe kidney disease	
	Hematologic/reticuloendothelial disease	
	Cancer in head, neck, lung	
	Low body weight (10% or more below ideal)	
	Other immunosuppressive therapy including taking the equivalent of >15 mg/day of prednisone for 1 month or longer, taking TNF- α antagonists.	
	Organ transplant	
	Chronic malabsorption syndromes, gastrectomy, or jejunioileal bypass (e.g. Crohn's Disease)	
	Live viral vaccine such as MMR, chickenpox, flu, yellow fever administered in the last 30 days	
	CXR finding suggestive of previous TB disease without adequate treatment history	

CONTACT INVESTIGATION

Has patient been exposed to someone with active TB disease? N Y

Name of contact _____

****END OF SCREENING****

No symptoms or risks identified, TB testing not indicated. Maintain record of screening in patient chart.

Symptoms or risks identified, TB testing indicated, proceed to next section.

TB TESTING AND TREATMENT RECORD

Financial assistance for the cost IGRAs, chest x-rays, liver function test, and sputum cultures may be available for those who qualify. The Prior Authorization form to request assistance can be found at <https://health.wyo.gov/publichealth/communicable-disease-unit/tuberculosis-2/> submitted to cdu.treatment@wyo.gov or via fax to (307) 777-5279 for approval of assistance.

First Skin Test

Second Skin Test

Lot/Exp _____ Date read _____
 Site _____ Time read _____
 Date placed _____ Read by _____
 Time placed _____ Induration _____ mm
 Placed by _____ Positive Negative

Lot/Exp _____ Date read _____
 Site _____ Time read _____
 Date placed _____ Read by _____
 Time placed _____ Induration _____ mm
 Placed by _____ Positive Negative

IGRA Test T-SPOT QuantiFERON Gold Date drawn _____ Result Date _____ Result _____

Chest X-ray (CXR) Date _____ Results _____

***IF POSITIVE TST OR IGRA*:** HIV Test Negative Positive Refused testing Date: _____

Sputum Culture Date _____ Results _____

Date _____ Results _____

Date _____ Results _____

Liver Function Testing (if applicable)

Date _____ Results _____

Date _____ Results _____

Other testing/comments _____

INTERPRETING MANTOUX TUBERCULIN TESTS

Important Skin Testing information:

The skin test reaction should be read between 48 and 72 hours after administration by a healthcare worker trained to read TST results. A patient who does not return within 72 hours will need to be rescheduled for another skin test.

The reaction should be measured in millimeters of the induration (firm swelling). The reader should **not** measure erythema (redness). The diameter of the indurated area should be measured across the forearm (perpendicular to the long axis).

Classification of the Tuberculin Skin Test Reaction

An induration of 5 or more millimeters is considered positive in:	An induration of 10 or more millimeters is considered positive in:	An induration of 15 or more millimeters is considered positive in:
<ul style="list-style-type: none"> -People living with HIV -A recent contact of a person with infectious TB disease - People with chest x-ray findings suggestive of previous TB disease -People with organ transplants -Other immunosuppressed people (e.g., patients on prolonged therapy with corticosteroids equivalent to/greater than 15 mg per day of prednisone or those taking TNF-a antagonists) 	<ul style="list-style-type: none"> -People born in countries where TB disease is common, including Mexico, the Philippines, Vietnam, India, China, Haiti, and Guatemala, or other countries with high rates of TB -People who abuse drugs or alcohol -Mycobacteriology laboratory workers -People who live or work in high-risk congregate settings (e.g., nursing homes, homeless shelters, or correctional facilities) -People with certain medical conditions that place them at high risk for TB (e.g., silicosis, diabetes mellitus, severe kidney disease, certain types of cancer, and certain intestinal conditions) -People with a low body weight (<90% of ideal body weight) -Children younger than 5 years of age -Infants, children, and adolescents exposed to adults in high-risk categories 	<ul style="list-style-type: none"> -People with no known risk factors for TB

Reference: <https://www.cdc.gov/tb/publications/factsheets/testing/skintesting.htm>

*Additional instructions/recommendations may apply to individuals seeking care through a Civil Surgeon. Please reference the recommendations at <http://www.cdc.gov/ncidod/dq/civil.htm>.