MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNICABLE DISEASE CONTROL AND PREVENTION

TUBERCULOSIS (TB) RISK ASSESSMENT

Save Print Reset

PATIENT'S NAME	DATE OF BIRTH	DATE

ADDRESS	TELEPHONE NUMBER

A. PLEASE ANSWER THE FOLLOWING QUESTIONS (SECTIONS A & B TO BE COMPLETED BY PATIENT)

HAVE YOU EVER HAD A POSITIVE MANTOUX TUBERCULIN SKIN TEXT (TST)?
☐ YES ☐ NO

HAVE YOU EVER BEEN VACCINATED WITH BCG?
☐ YES ☐ NO

HAVE YOU EVER HAD A POSITIVE INTERFERON GAMMA RELEASE ASSAY (IGRA) TEST?
☐ YES ☐ NO

HAVE YOU EVER BEEN DIAGNOSED WITH OR TREATED FOR TB DISEASE?
☐ YES ☐ NO

B. TB RISK ASSESSMENT

HAVE YOU EVER HAD CLOSE CONTACT WITH ANYONE WHO WAS SICK WITH TUBERCULOSIS?
☐ YES ☐ NO

HAVE YOU EVER TRAVELED TO ONE OR MORE OF THE COUNTRIES LISTED BELOW?
☐ YES ☐ NO If yes, please CHECK the country/ies below

WERE YOU BORN IN ONE OF THE COUNTRIES LISTED BELOW?
☐ YES ☐ NO If yes, please list the country:

WHAT YEAR DID YOU ARRIVE IN THE UNITED STATES?

☐ Afghanistan
☐ Algeria
☐ Angola
☐ Anguilla
☐ Argentina
☐ Armenia
☐ Azerbaijan
☐ Bahrain
☐ Bangladesh
☐ Belarus
☐ Belize
☐ Benin
☐ Bhutan
☐ Bolivia
☐ Bosnia & Herzegovina
☐ Botswana
☐ Brazil
☐ Brunei Darussalam
☐ Bulgaria
☐ Burkina Faso
☐ Burundi
☐ Cambodia
☐ Cameroon
☐ Cape Verde
☐ Central African Rep.
☐ Chad
☐ Chile
☐ China
☐ Colombia
☐ Comoros
☐ Congo
☐ Congo DR
☐ Cote d'Ivoire
☐ Croatia
☐ Djibouti
☐ Dominica
☐ Dominican Republic
☐ Ecuador
☐ Egypt
☐ El Salvador
☐ Equatorial Guinea
☐ Eritrea
☐ Estonia
☐ Ethiopia
☐ Fiji
☐ French Polynesia
☐ Gabon
☐ Gambia
☐ Georgia
☐ Ghana
☐ Greenland
☐ Guatemala
☐ Guinea
☐ Guinea-Bissau
☐ Guam
☐ Guyana
☐ Haiti
☐ Honduras
☐ Hungary
☐ India
☐ Indonesia
☐ Iran
☐ Iraq
☐ Japan
☐ Kazakhstan
☐ Kenya
☐ Kiribati
☐ Korea-DPR
☐ Korea-Republic
☐ Kuwait
☐ Kyrgyzstan
☐ Lao PDR
☐ Latvia
☐ Lesotho
☐ Liberia
☐ Libyan Arab Jamihirya
☐ Lithuania
☐ Macedonia-TFYR
☐ Madagascar
☐ Malawi
☐ Malaysia
☐ Maldives
☐ Mali
☐ Marshall Islands
☐ Mauritania
☐ Mauritius
☐ Mexico
☐ Micronesia
☐ Moldova-Rep.
☐ Mongolia
☐ Morocco
☐ Mozambique
☐ Myanmar
☐ Namibia
☐ Nauru
☐ Nepal
☐ Nicaragua
☐ Niger
☐ Nigeria
☐ Niue
☐ N. Mariana Islands
☐ Pakistan
☐ Palau
☐ Panama
☐ Papua New Guinea
☐ Paraguay
☐ Peru
☐ Philippines
☐ Poland
☐ Portugal
☐ Qatar
☐ Romania
☐ Russian Federation
☐ Rwanda
☐ St. Vincent & The Grenadines
☐ Sao Tome & Principe
☐ Saudi Arabia
☐ Senegal
☐ Serbia
☐ Seychelles Sierra Leone
☐ Singapore
☐ Solomon Islands
☐ Somalia
☐ South Africa
☐ Sri Lanka
☐ Sudan
☐ Sudan-South
☐ Suriname
☐ Syrian Arab Republic
☐ Swaziland
☐ Tajikistan
☐ Tanzania-UR
☐ Thailand
☐ Timor-Leste
☐ Togo
☐ Tokelau
☐ Tonga
☐ Trinidad & Tobago
☐ Tunisia
☐ Turkey
☐ Turkmenistan
☐ Turks & Caicos Islands
☐ Tuvalu
☐ Uganda
☐ Ukraine
☐ Uruguay
☐ Uzbekistan
☐ Vanuatu
☐ Venezuela
☐ Viet Nam
☐ Wallis & Futuna Islands
☐ Yemen
☐ Zambia
☐ Zimbabwe

SOURCE: WORLD HEALTH ORGANIZATION GLOBAL TUBERCULOSIS CONTROL, WHO REPORT 2013, COUNTRIES WITH TUBERCULOSIS INCIDENCE RATES OF > 20 CASES PER 100,000 POPULATION. FOR FUTURE UPDATES, REFER TO WWW.WHO.INT/TOPICS/TUBERCULOSIS/EN/

HAVE YOU EVER HAD AN ABNORMAL CHEST X-RAY SUGGESTIVE OF TB?
☐ YES ☐ NO ☐ NO RESPONSE

ARE YOU HIV POSITIVE?
☐ YES ☐ NO ☐ NO RESPONSE

ARE YOU AN ORGAN TRANSPLANT RECIPIENT OR DONOR?
☐ YES ☐ NO ☐ NO RESPONSE

ARE YOU IMMUNOSUPPRESSED (TAKING AN EQUIVALENT OF >15 MG/DAY OF PREDNISONE FOR ≥ 1 MONTH, OR CURRENTLY TAKING PRESCRIPTION ARTHRITIS MEDICATION)?
☐ YES ☐ NO ☐ NO RESPONSE

ARE YOU A RESIDENT, EMPLOYEE, OR VOLUNTEER IN A HIGH-RISK CONGREGATE SETTING (E.G., CORRECTIONAL FACILITIES, NURSING HOMES, HOMELESS SHELTERS, HOSPITALS, AND OTHER HEALTH CARE FACILITIES)?
☐ YES ☐ NO ☐ NO RESPONSE

DO YOU HAVE ANY MEDICAL CONDITIONS SUCH AS DIABETES, SILICOSIS, HEAD, NECK, OR LUNG CANCER, HEMATOLOGIC OR RETICULOENDOTHELIAL DISEASE SUCH AS HODGKIN'S DISEASE OR LEUKEMIA, END STAGE RENAL DISEASE, INTESTINAL BYPASS OR GASTRECTOMY, CHRONIC MALABSORPTION SYNDROME, LOW BODY WEIGHT, (I.E., 10% OR MORE BELOW IDEAL)?
☐ YES ☐ NO ☐ NO RESPONSE

DO YOU HAVE A COUGH LASTING 3 WEEKS OR LONGER, CHEST PAIN, WEAKNESS OR FATIGUE, WEIGHT LOSS, CHILLS, FEVER AND/OR NIGHT SWEATS?
☐ YES ☐ NO ☐ NO RESPONSE

ARE YOU COUGHING UP BLOOD OR PHLEGM?
☐ YES ☐ NO ☐ NO RESPONSE

I hereby certify that this application contains no misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

PATIENT SIGNATURE (REQUIRED)	DATE

C. MEDICAL EVALUATION (SECTION C TO BE COMPLETED BY HEALTH CARE PROVIDER-IF NEEDED)

Health Care Provider: If the answer to any of the TB Risk Assessment questions in Section B is YES or NO RESPONSE, proceed with additional medical evaluation as appropriate. Additional evaluation may include one or more of the following: TST, IGRA, sign and symptom review, chest x-ray, or sputum collection. If the patient is immunosuppressed and no previous TB test is documented, an IGRA is recommended.

1. **Tuberculin Skin Test (TST)** Please provide a 2-step TST for those at high risk that have no documentation of a previous TST: Administer 1st step TST today and read in 48-72 hours, if the 1st step TST is positive, document the results in millimeters (mm) of induration and follow the evaluation steps for a positive TST. If the 1st step TST is negative, document the results in mm of induration. Induration should be measured in transverse diameter; if no induration write "0" mm. The TST interpretation* should be based on mm of induration as well as risk factors, not erythema (redness). Place a 2-step TST in one to three weeks after the first TST was read and recorded. The 2-step TST should be read in 48-72 hrs and then follow the documentation procedures as outlined above.

DATE GIVEN	DATE READ
RESULT mm of Induration	*INTERPRETATION ☐ Positive ☐ Negative
DATE GIVEN	DATE READ
RESULT mm of Induration	*INTERPRETATION ☐ Positive ☐ Negative

***TST INTERPRETATION GUIDELINES (PLEASE CHECK ALL THAT APPLY)**

>5 mm is Positive:
- ☐ Recent close contact of an individual with infectious TB.
- ☐ Persons with fibrotic changes on a prior chest x-ray consistent with past TB disease.
- ☐ Organ transplant recipients.
- ☐ Immunosuppressed persons taking ≥ 15mg/d of prednisone for ≥ 1 month; taking a TNF-α antagonist.
- ☐ Persons with HIV/AIDS.

>10 mm is Positive:
- ☐ Persons born in a high prevalence country or who resided in one for a significant amount of time.
- ☐ History of illicit drug use.
- ☐ Mycobacteriology laboratory personnel.
- ☐ History of resident, worker or volunteer in high-risk congregate settings.
- ☐ Persons with the following clinical conditions: silicosis, diabetes mellitus, chronic renal failure, leukemias and lymphomas, head, neck or lung cancer, low body weight (>10% below ideal), gastrectomy or intestinal bypass, chronic malabsorption syndromes.
- ☐ Children <4 years of age.
- ☐ Children and adolescents exposed to adults in high-risk categories.

>15 mm is Positive:
- ☐ Persons with no know risk factors for TB disease.

2. Interferon Gamma Release Assay: (IGRA: Please check the IGRA that is used)

☐ QFT-G ☐ QFT-GIT		DATE OBTAINED
RESULT ☐ Responsive (TB Infection Likely) ☐ Nonresponsive (TB Infection Unlikely) ☐ Indeterminate		
☐ T-Spot	RESULT ☐ Negative ☐ Positive ☐ Borderline/Equivocal	DATE OBTAINED
☐ Other	RESULT	DATE OBTAINED

3. Chest X-ray: (Required if TST or IGRA is positive)

DATE OF CHEST X-RAY	RESULT ☐ Normal ☐ Abnormal	ABNORMAL CHEST X-RAY INTERPRETATION

4. Sputum Collection: If the patient has a positive TST or IGRA and a productive cough > 3 weeks, with or without hemoptysis, please collect three (3) consecutive sputum, one early morning and all must be at least eight (8) hours apart with a minimum of 2 milliliters of specimen per tube.

1. DATE OBTAINED	SMEAR RESULT	CULTURE RESULT
2. DATE OBTAINED	SMEAR RESULT	CULTURE RESULT
3. DATE OBTAINED	SMEAR RESULT	CULTURE RESULT

An isolate on any positive mycobacterium cultures should be sent to the Missouri State Public Health Laboratory.

I HAVE REVIEWED THE ABOVE INFORMATION WITH THE PATIENT AND DEEMED

☐ No further evaluation needed ☐ Further evaluation is needed

HEALTH CARE PROVIDER SIGNATURE (REQUIRED)	DATE

All positive TST, IGRA, chest x-ray, smear and culture results suggestive of tuberculosis disease or latent tuberculosis infection should be reported to the Missouri Department of Health and Senior Services (fax number: 573-526-0235) or your local public health agency using this form. If you have any questions, please contact the Bureau of Communicable Disease Control and Prevention at 573-751-6113.