Tuberculosis (TB) Risk Assessment Form

Student's Last Name _____ First Name_____ Middle Name _____

Date of Birth _____ Student ID # _____

To Health Care Provider:
This student's responses on our TB Screening Questionnaire confirm an increased risk for TB infection. The following information is therefore required to complete their registration process for the university. All indicated testing must be performed within the six months prior to the first day of the student's first semester of classes.

1. Risk Factors for Infection (Review with patient. If any "Yes," proceed to #2. If all "No," proceed to #5.)

A. Prior positive TB test	Yes	No
B. Recent close contact with someone with infectious TB disease	Yes	No
C. Born outside of the United States (or travel* to/in) a high-prevalence area (e.g., Africa, Asia, Eastern Europe, or Central or South America)	Yes	No
D. Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease	Yes	No
E. HIV/AIDS	Yes	No
F. Organ transplant recipient	Yes	No
G. Immunosuppressed (equivalent of > 15 mg/day of prednisone of > 1 month or TNF-antagonist)	Yes	No
H. History of illicit drug use	Yes	No
I. 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
J. Medical condition associated with increased risk of progressing to TB disease if infected [e.g., diabetes mellitus; 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; or low body weight (i.e., 10% or more below ideal for the given population)]	Yes	No

**The significance of the travel exposure should be discussed with a health care provider and evaluated for testing necessity.*

Review with patient. If the answer to any of the above questions was "Yes," proceed to #2.
If all "No," proceed to #5.

2. Does the student have signs of symptoms of active TB, e.g. fever, night sweats, hemoptysis, prolonged cough, or weight loss? **Yes** **No**

If yes, proceed with testing as indicated (e.g. TST or IGRA, chest x-ray, sputum AFB smear and cultures).
Ongoing treatment for TB will not prevent the student's enrollment and document results in #3.

If no, proceed to #5.

3. Tuberculin Skin Test (TST) OR Interferon Gamma Release Assay (IGRA)

Do not use TST within four weeks of a live virus vaccine.

TST **result** should be recorded as actual millimeter of induration, transverse diameter; if no induration, write "0."
The TST **interpretation** should be based on millimeter of duration as well as risk factors. See page 5.**

TST: Date Given _____ /_____/ _____ Result: _____mm of induration.

Date Given _____ /_____/ _____ ****Interpretation**: Negative / Positive

See next page for additional questions.

Interferon Gamma Release Assay (IGRA)

Date Obtained: _____ / _____/_____ (Specify Method) QFT-G QFT-GIT T-Spot Other_____

Result: Negative / Positive / Intermediate / Indeterminate

4. Chest x-ray (required within six months prior to start of classes for recent or prior positive TST or IGRA)

Date Obtained: _____ / _____/_____ Result: Normal / Abnormal

5. Please circle "No Risk" or "Risk" below regarding TB infections.

A. No Risk

B. Risk (Please attach information regarding past/present treatment for latent/active TB infection.)

6. Health Care Provider Contact Information (sign only when testing completed)

Provider's Name_____

Address_____

City _____ State_____ Zip Code _____ Country_____

Phone Number _____ Fax Number _____

Provider's Signature_____ Date _____

**** TST Interpretation Guidelines**

>5 mm is positive in:

- Recent close contacts 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 > 15 mg/d of prednisone for > 1 month; taking a TNF-a antagonist
- Persons with HIV/AIDS

> 10 mm is positive in:

- 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: silicosis; diabetes mellitus; chronic renal failure; leukemias and lymphomas; gastrectomy or intestinal bypass; head, neck, or lung cancer; low body weight (>10% below ideal); and/or chronic malabsorption syndromes

> 15 mm is positive in:

- Persons with no known risk factors for TB disease

**The significance of travel exposure should be discussed with a health care provider and evaluated.*

Health care provider: Please return this completed two-page form to the address listed below. It must be received in our office prior to the first day of the student's first semester of classes or a "hold" will be placed on their account.

Immunization Coordinator
Student Health Center
University of Tennessee
1800 Volunteer Blvd.
Knoxville, TN 37996