

## Tuberculosis (TB) Risk Factor Screening

**EITHER ITEM A OR B MUST BE COMPLETED BY PHYSICIAN / HEALTHCARE PROVIDER.  
FORM WILL BE RETURNED IF NEITHER ARE COMPLETED.**

**Patient/Student Name:** \_\_\_\_\_

**A. TST (Mantoux): Placed:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Read:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Result:** \_\_\_\_\_ (in mm)

**IGRA: Date** \_\_\_\_\_ **Results** \_\_\_\_\_

**TST or IGRA Test interpretation**  **Negative**  **Positive (Please complete reverse side of form)**  
(See reverse for TST administration, reading, and interpretation guidelines).

**Note:** If patient/student has a medically documented, previous TST or IGRA, the test need not be repeated.  
Please document these results above and complete the form on the reverse side.

Universal tuberculin or Interferon Gamma Release Assay (IGRA) testing is not recommended in the U.S. and other low-incidence countries due to the high rate of false positive results. Tuberculin or IGRA testing is, however, indicated for children/individuals with the following risk factors for TB:

1. History of exposure to anyone with TB
2. Immigration from a country with a high incidence of TB (most countries of Asia, Africa, Eastern Europe, Central and South America) – Not listed in below table.
3. Travel to a high-incidence country (Not listed in below table) where housing was with family members or local residents - not hotels, resorts, etc.
4. Household contact with parents or others who immigrated from a country with a high incidence of TB (Not listed in below table) and tuberculin status unknown (consider for testing at ages 1, 5, 12)
5. Exposure to individuals in the past 5 years who are HIV-infected, homeless, institutionalized, users of illicit drugs, incarcerated (test all groups every 2-3 years)
6. HIV infection (test yearly), diabetes mellitus, chronic renal failure, malnutrition, reticuloendothelial diseases, other immunodeficiencies or receiving immunosuppressive therapy

**COUNTRIES/AREAS WITH LOW RATES OF TUBERCULOSIS (TB)**

(WHO 2008 – 2010 now available Data - incidence of  $\leq 12/100,000$  all TB cases)

[http://www.who.int/tb/publications/global\\_report/2011/gtbr11\\_a3.pdf](http://www.who.int/tb/publications/global_report/2011/gtbr11_a3.pdf)

Australia	Denmark	Israel	Norway	U.S.A
Austria	Finland	Italy	Slovakia	
Belgium	France	Jordan	Slovenia	
Canada	Germany	Luxembourg	Sweden	
Chile	Greece	Monaco	Switzerland	
Cyprus	Iceland	Netherlands	United Arab Emirates	
Czech Republic	Ireland	New Zealand	U.K.	

**B. Tuberculin Skin Test or IGRA screening not indicated**  
(Individual has none of the above risk factors)

**Healthcare Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Required)

**Telephone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_

# Medical Evaluation for Latent Tuberculosis Infection

To be completed and signed by a licensed healthcare provider  
for all patients with a previous or current (+) TST or IGRA

Patient/Student Name: \_\_\_\_\_

**Tuberculin Skin Test (Mantoux/Intermediate PPD) must be read by a healthcare provider 48-72 hours after administration. If there is no induration, indicate "0" under results. Tine or Mono-Vac tests are **not acceptable**.**

## TST Interpretation Guidelines

Risk Factor	Positive Result
Close contact with case of TB / is immunocompromised	5 mm or more
Born in country with a high rate of tuberculosis	10 mm or more
Traveled or lived for a month or more in a country with a high rate of tuberculosis	10 mm or more
No risk factors ( <b>TST should not be performed</b> )	15 mm or more (if TST done)

**B. If Tuberculin Skin Test or IGRA is positive, now or previously, the following are required:**

1. **Date of Positive TST or IGRA** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. **Chest X-ray:** (Please attach copy of report) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Normal  
 Abnormal \_\_\_\_\_  
(Describe)

3. **Clinical Evaluation:**

Normal  
 Abnormal \_\_\_\_\_  
(Describe)

4. **Treatment:**

No \_\_\_\_\_  
(Please explain)  
 Yes \_\_\_\_\_  
(Drug, Dose, Frequency, Dates)

Healthcare Provider Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Required)

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_