

BARTON COMMUNITY COLLEGE

TUBERCULOSIS (TB) RISK ASSESSMENT

STUDENT - LAST NAME:

FIRST:

STUDENT ID NUMBER:

Persons with any of the following are candidates for Mantoux tuberculin skin test (TST), **unless a previous positive test has been documented.**

RISK FACTOR

Recent close contact with someone with infectious TB disease	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Foreign-born from or travel to/or in countries with high-prevalence (e.g. Africa, Asia, Eastern Europe, Central or South America)*	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HIV/AIDS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Organ transplant recipient	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Immunosuppressed (equivalent of > 15 mg of prednisone for > 1 month or TNF-a antagonist)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
History of illicit drug use	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Resident, employee, or volunteer in a high-risk congregate setting (e.g. correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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, low body weight (i.e., 10% or more below ideal for the given population)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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

1. Does the student have signs or symptoms of active tuberculosis disease? YES NO

If No, proceed to 2 or 3.

If YES, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated. (Referral to Barton County Health Department, local Health Department or physician's office.)

2. Tuberculin Skin Test (TST)

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter, if no induration, write "O". The TST interpretation should be based on mm of induration as well as risk factors.)**

DATE GIVEN: ___/___/___ IMPLANT SITE: _____ BY: _____

DATE READ: ___/___/___ BY: _____

RESULT: _____mm of INDURATION** INTERPRETATION: positive _____ negative _____

3. Chest x-ray: (Required if TST is positive)

DATE OF CHEST X-RAY: ___/___/___ RESULT: normal _____ abnormal _____

Signature of Healthcare provider: _____

AND/OR ATTACH COPY OF CHEST X-RAY REPORT

****INTERPRETATION GUIDELINES**

> 5mm is positive if:

- Recent close contact with individuals with infectious TB
- Fibrotic changes on prior CXR consistent with past TB disease
- Organ transplant recipients
- Immunosuppressed: taking for > 15mg/day of prednisone > 1 month or TNF-a antagonist
- Has HIV/AIDS

> 10 mm is positive if:

- Born in high prevalence country
- Resided in one for significant time*
- History illicit drug use
- Mycobacterial lab personnel
- History of resident, worker or volunteer in high-risk congregate setting--- (hosp prison etc)
- Have following clinical conditions:
 - silicosis,
 - diabetes mellitus
 - chronic renal failure
 - leukemia & lymphomas
 - head, neck, or lung cancer
 - low body weight (>10% below ideal)
 - gastrectomy
 - intestinal by-pass
 - chronic malabsorption syndromes

> 15 mm is positive:

Person with NO known risk factors for TB disease

