

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: IGRA: Date: ____/____/____ Results _____

TST (Mantoux): Placed: ____/____/____ Read: ____/____/____ Result: _____(in mm)

IGRA or 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 IGRA or TST, the test need not be repeated unless the individual has **new risk factors** since the last test.

Please document these results above and **complete the form on the reverse side for any positive results.**

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

1. History of **exposure to anyone with infectious TB** during lifetime or since last IGRA test or TST
2. History of **birth, travel, or residence of ≥ 1 month in a country with a high TB rate** (Any country other than the United States, Canada, Australia, New Zealand, or those in western or northern Europe)*
3. **Current or planned immunosuppression** including HIV, organ transplant recipient, treatment with a TNF-alpha antagonist, (e.g. infliximab, etanercept, or other), chronic steroids (equivalent to ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication,
4. **New risk factors** since the last IGRA or TST was performed

* See WHO 2021 Data at <https://data.worldbank.org/indicator/SH.TBS.INCD> for country specific TB case rates. Case rates of $>10/100,000$ are considered high incidence TB rates.

B: IGRA or TST 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 (+) IGRA or TST

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

See https://www.cdc.gov/tb/webcourses/course/chapter3/3_testing_for_tb_disease_and_lti_3_mantoux_tuberculin_skin_test_interpreting_tst_reactions_chart.html for details

Risk Factor	Positive Result
Close contact with case of TB / is immunocompromised/ has fibrotic CXR findings	5 mm or more
Birth, travel, or residence in country with a high rate of tuberculosis*/Children <5 y/o/ IDUs/TB lab workers/residents or staff of high risk congregate settings, diabetics, severe kidney disease,	10 mm or more
No risk factors (TST should not be performed)	15 mm or more (if TST done)

B. If IGRA or TST is positive, now or previously, the following are required:

1. **Date of Positive IGRA or TST** 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: _____