



**Virginia Department of Health Division of TB Control  
TB Risk Assessment Form (TB 512)**

Patient name (L, F, M): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_  
 Country of birth: \_\_\_\_\_ Year of US arrival (if applicable): \_\_\_\_\_  
 Language(s) spoken: \_\_\_\_\_ Interpreter needed? \_\_\_No \_\_\_Yes  
 History of Prior BCG? \_\_\_No \_\_\_Yes → Specify year: \_\_\_\_\_ Is patient pregnant? \_\_\_No \_\_\_Yes → LMP: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Drug allergies: \_\_\_\_\_

**I. Screen for TB Symptoms (Check all that apply)**

\_\_\_ None (Skip to Section II, "Screen for Infection Risk")  
 \_\_\_ Cough for > 3 weeks → Productive? \_\_\_Yes \_\_\_No  
 Hemoptysis? \_\_\_Yes \_\_\_No  
 \_\_\_ Fever, unexplained  
 \_\_\_ Hemoptysis  
 \_\_\_ Unexplained weight loss  
 \_\_\_ Poor appetite  
 \_\_\_ Night sweats  
 \_\_\_ Fatigue

**Pediatric Patients (≤ 6 years of age)**  
 \_\_\_ Wheezing  
 \_\_\_ Failure to thrive  
 \_\_\_ Decreased activity, playfulness and/or energy  
 \_\_\_ Lymph node swelling  
 \_\_\_ Personality changes

*Evaluate these symptoms in context*

**II. Screen for TB Infection Risk (Check all that apply)**

Individuals with an increased risk for acquiring latent TB infection (LTBI) or for progression to active disease once infected should have a TST. Screening for persons with a history of LTBI should be individualized.

**A. Assess Risk for Acquiring LTBI**

\_\_\_ Person is a current close contact of a person known or suspected to have TB disease  
 Name of source case: \_\_\_\_\_  
 \_\_\_ Person has lived in a country - for 3 months or more - where TB is common, and has been in the US for 5 or fewer years  
 \_\_\_ Person is a resident or an employee of a high TB risk congregate setting  
 \_\_\_ Person is a health care worker who serves high-risk clients  
 \_\_\_ Person is medically underserved  
 \_\_\_ Person has been homeless within the last two years  
 \_\_\_ Person is an infant, a child or an adolescent exposed to an adult(s) in high-risk categories  
 \_\_\_ Person injects illicit drugs or uses crack cocaine  
 \_\_\_ Person is a member of a group identified by the local health department to be at an increased risk for TB infection  
 \_\_\_ Person needs baseline/annual screening approved by health department

**B. Assess Risk for Developing TB Disease if Infected**

\_\_\_ Person is HIV positive  
 \_\_\_ Person has risk for HIV infection, but HIV status is unknown  
 \_\_\_ Person was recently infected with *Mycobacterium tuberculosis*  
 \_\_\_ Person has certain clinical conditions, placing them at higher risk for TB disease  
 \_\_\_ Person injects illicit drugs (determine HIV status)  
 \_\_\_ Person has a history of inadequately treated TB  
 \_\_\_ Person is >10% below ideal body weight  
 \_\_\_ Person is on immunosuppressive therapy (this includes treatment for rheumatoid arthritis with drugs such as Humira, Remicaid, etc.)

**History of TB Skin Test and TB Treatment**

Prior Mantoux Tuberculin Skin Test (TST)?  
 \_\_\_ No \_\_\_ Yes → Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Induration: \_\_\_\_\_ mm  
 Prior TB treatment? \_\_\_ No \_\_\_ Yes → Provide details below:  
 TB Treatment History  
 \_\_\_ LTBI \_\_\_ TB Disease  
 Year of treatment: \_\_\_\_\_  
 Treatment duration: \_\_\_\_\_  
 TB medications taken: \_\_\_\_\_  
 Location of treatment: \_\_\_\_\_

**III. Finding(s) (Check all that apply)**

\_\_\_ Previous Treatment for LTBI and/or TB disease  
 \_\_\_ No risk factors for TB infection  
 \_\_\_ Risk(s) for infection and/or progression to disease  
 \_\_\_ Possible TB suspect  
 \_\_\_ Previous positive TST, no prior treatment

**IV. Action(s) (Check all that apply)**

\_\_\_ Issued screening letter  
 \_\_\_ Referred for CXR  
 \_\_\_ Referred for medical evaluation  
 \_\_\_ Administered the Mantoux TB Skin Test

TST #1	TST #2
Arm ___ Left ___ Right	Arm ___ Left ___ Right
Date Given ____/____/____	Date Given ____/____/____
Time Given _____	Time Given _____
Date Read ____/____/____	Date Read ____/____/____
Time Read _____	Time Read _____
Induration _____ mm	Induration _____ mm
___ Positive ___ Negative	___ Positive ___ Negative

Screener's signature: \_\_\_\_\_  
 Screener's name (print): \_\_\_\_\_  
 Screener's title: \_\_\_\_\_  
 Date: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Primary care provider: \_\_\_\_\_  
 Primary care provider phone number: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**A decision to test is a decision to treat.** Given the high rates of false positive TB skin test results, the Division of TB Control discourages administration of the Mantoux TST to persons who are at a low risk for TB infection.

**Purpose of Form**

The TB Risk Assessment Form (TB 512) is a tool to assess and document a patient's TB symptoms and/or risk factors. Completing this form will also help in determining the need for further medical testing and evaluation.

**Directions for Completing the Form**

Print clearly and complete this form according to the instructions provided below.

**I. Screen for Presence of TB Symptoms**

- Screen the patient for symptoms of active TB disease.
- All symptomatic individuals who have not had a positive skin test in the past should: (1) receive a TB skin test (TST); (2) have their sputum collected; and, (3) be referred for an immediate chest x-ray and medical evaluation, regardless of the TST result.
- If the patient does not have symptoms of active TB disease, then go to Section II and assess risk for LTBI and/or disease.
- *Symptoms of active TB disease are more subtle in children.* Children with symptoms of active TB disease should receive a TST, CXR and immediate medical evaluation by a medical personnel knowledgeable about pediatric TB.

**II. Screen for TB Infection Risk (In subsections A and B, check all the risk factors that apply.)**

Section II has 2 sections: Section A, "Assess Risk for Acquiring LTBI"; and, Section B, "Assess Risk for Developing TB Disease if Infected".

- If a patient has one or more risk factors for LTBI as listed in sections A or B, then go to Section III and administer the TST.
- If a patient does not have risk factors for LTBI, do not administer the TST. Go to Section III and place a check next to "No Risk Factors for TB Infection." If the patient's school, employment, etc. requires a TB screening, place a check next "Issued Screening Letter" (Section IV) and provide this document to the patient.

**A. Assess Risk for Acquiring LTBI -- The following are definitions of select categories of persons at risk for LTBI**

- *Person is a current close contact of another individual known or suspected to have TB disease --*  
Person is part of a current TB contact investigation
- *Person is a resident/employee of high TB risk congregate settings --*  
These settings are correctional facilities, nursing homes, and long-term care institutions for the elderly, mentally ill and persons with AIDS.
- *Person is a health care worker who serves high risk clients --*  
Screen for the individual risk factors for TB infection, unless screening efforts are part of an ongoing facility infection control program approved by local health department.
- *Person is medically underserved --*  
Person doesn't have a regular health care provider, and has not received medical care within the last 2 years.
- *Person is an infant, a child or an adolescent exposed to an adult(s) in high-risk categories --*  
Child has foreign-born parents, or child's parents/caretakers are at high risk for acquiring TB infection.
- *Person is a member of a group identified by a local health department to be at an increased risk for TB infection --*  
Identification of a group is based on local epidemiologic data showing an increase in the number of persons with TB disease or TB infection in the given group
- *Person needs baseline/annual screening approved by health department --*  
*Screening program that is approved by the local health dept. for facilities or individuals at an increased risk for LTBI*

**B. Assess Risk for Developing TB Disease if Infected - The following are definitions of select categories of persons at risk for TB disease if infected**

- *Person's HIV Status is unknown but has risk for HIV infection --*  
Offer HIV test. Administer the TB Skin Test, even if the patient refuses the HIV test.
- *Person with clinical conditions that place them at high risk --*  
Conditions include substance abuse, chest x-ray findings that suggest previous TB, diabetes mellitus, silicosis, prolonged corticosteroid therapy, cancer of the head and neck, leukemia, lymphoma, hematologic and reticuloendothelial diseases, end stage renal disease, intestinal bypass or gastrectomy, and chronic malabsorption syndromes.
- *Person is on immunosuppressive therapy --*  
Person is taking  $\geq 15$  mg/day of prednisone for  $\geq 1$  month; person is receiving treatment for rheumatoid arthritis with medications such as remicad or humira; and/or, person needs baseline evaluation prior to start of arthritis treatment with the medications cited here.

**III. Finding(s) (Check all findings that apply.)**

In this section, indicate findings from the assessments in all previous sections.

**IV. Action(s) (Check all actions that apply.)**

- Indicate the action(s) to take as a result of the findings in Section III
- If administering the TB Skin test, provide all requested data for "TST #1" and if applicable, for "TST #2"
- Write other pertinent patient information next to "Comments"

**Additional Follow-up to the Mantoux TB Skin Test**

- If the patient's TST reaction is interpreted as positive or if she/he has symptoms for TB disease, refer the patient immediately for a chest x-ray.
- If a person has a history of a positive TST and is currently asymptomatic, then refer him/her for a chest x ray if the following two conditions apply: 1) patient is a candidate for LTBI treatment; and, 2) patient is willing to adhere to the treatment.