

# Tuberculosis (TB) Risk Assessment

*This assessment is being administered in compliance with the KDHE TB program a TB Prevention and Control Plan regulations.*

Persons with any of the following are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented:

## **Risk Factor Assessment – Student**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Recent close contact with someone with infectious TB disease  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Foreign-born from (or travel* to/in) a high prevalence area (i.e. Africa, Asia, Eastern Europe, or Central or South America)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. HIV / AIDS  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Organ transplant recipient  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Immunosuppressed (equivalent of >15mg/day of prednisone or >1 month or TNF-a antagonist)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. History of illicit drug use   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Resident, employee or volunteer in a high-risk congregate setting (i.e. correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Medical condition associated with increased risk of progressing of TB disease if infected (i.e. 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*

**This data is confidential and released to/kept by University health officials only.**

***Please note that the University's Health Office may contact you for more information regarding the completion of this form.***

Student's Name (please print) \_\_\_\_\_ ID# \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Student form completion stops here. Question below is answered by the University health official.

## **Risk Factor Assessment – University Health Official Use Only**

Does the student have signs or symptoms of active tuberculosis disease?  Yes  No

Nurse's Name (please print) \_\_\_\_\_

Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_