Tuberculosis (TB) High Risk Assessment

**Instructions to the student:** Please complete and mail only Page 1 of this assessment and all signed documents together in one envelope to:

DREW UNIVERSITY HEALTH SERVICES, 36 Madison Ave, Madison, NJ 07940.

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**

- Recent close contact with someone with infectious TB disease  □ Yes □ No
- Foreign-born from (or travel* to/in) a high-prevalence area (e.g., Africa, Asia, Eastern Europe, or Central or South America) □ Yes □ No
- Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease  □ Yes □ No
- HIV/AIDS  □ Yes □ No
- Organ transplant recipient  □ Yes □ No
- Immunosuppressed (equivalent of > 15 mg/day of prednisone for >1 month or TNF-α antagonist) □ Yes □ No
- History of illicit drug use (past 2 years)  □ Yes □ 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)) □ Yes □ 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.

2. **Tuberculin Skin Test (TST).** *Only acceptable if tested within 6 months of first day of class.*

   (TST result should be recorded as standard millimeters of induration, transverse diameter; if no induration, write “0”. The TST interpretation should be based on mm of induration as well as risk factors.)**

   Date Given: ____/____/____ Date Read: ____/____/____
   Result: ________ mm of induration **Interpretation: positive____ negative____

   Date Given: ____/____/____ Date Read: ____/____/____
   Result: ________ mm of induration **Interpretation: positive____ negative____

3. **Interferon Gamma Release Assay (IGRA).** *Only acceptable if tested within 6 months of first day of class.*

   Date Obtained: ____/___/___ (specify method) QFT-G QFT-GIT T-Spot other____
   Result: negative___ positive___ indeterminate___ borderline___ (T-Spot only)

   Date Obtained: ____/___/___ (specify method) QFT-G QFT-GIT T-Spot other____
   Result: negative___ positive___ indeterminate___ borderline___ (T-Spot only)

4. **Chest x-ray:** (Required if TST or IGRA is positive) (Attach copy of radiologist report to this document)

   Date of chest x-ray: ____/____/____ Result: normal____ abnormal____

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<th>HEALTH CARE PROVIDER NAME, ADDRESS AND SIGNATURE REQUIRED BY NJ STATE LAW</th>
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**Interpretation guidelines**

>5 mm is positive:
- Recent close contacts of an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray consistent with past TB disease
- Organ transplant recipients
- Immunosuppressed persons: taking > 15 mg/d of prednisone for > 1 month; taking a TNF-α antagonist
- Persons with HIV/AIDS

>10 mm is positive:
- Persons born in a high prevalence country or who resided in one for a significant* amount of time
- History of illicit drug use
- Mycobacteriology laboratory personnel
- History of resident, worker, or volunteer in high-risk congregate settings
- Persons with the following clinical conditions: silicosis, diabetes mellitus, chronic renal failure, leukemias and lymphomas, head, neck or lung cancer, low body weight (>10% below ideal), gastrectomy or intestinal bypass, chronic malabsorption syndromes

>15 mm is positive:
- Persons with no known risk factors for TB disease

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