

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.**

A. PPD (Mantoux): Placed: ___/___/_____ Read: ___/___/_____ Result: _____ (in mm)

Universal tuberculin testing is not recommended in the U.S. and other low-incidence countries due to the high rate of false positive results. Tuberculin testing is, however, indicated for children/individuals with the following risk factors for TB:

1. Immigration from a country with a high incidence of TB (most countries of Asia, Africa, Eastern Europe, Central and South America) – Not listed in below table.
2. Travel to a high-incidence country (Not listed in below table) where housing was with family members or local residents - not hotels, resorts, etc.
3. Household contact with parents or others who immigrated from a country with a high incidence of TB (Not listed in below table) and tuberculin status unknown (consider for testing at ages 1, 5, 12)
4. Exposure to individuals in the past 5 years who are HIV-infected, homeless, institutionalized, users of illicit drugs, incarcerated (test all groups every 2-3 years)
5. HIV infection (test yearly), diabetes mellitus, chronic renal failure, malnutrition, reticuloendothelial diseases, other immunodeficiencies or receiving immunosuppressive therapy

COUNTRIES/AREAS WITH LOW RATES OF TUBERCULOSIS (TB)

(WHO 2005 Data - incidence of $\leq 20/100,000$ all TB cases)

<http://www.who.int/globalatlas/dataQuery/default.asp>

Australia	Denmark	Israel	Monaco	Sweden
Austria	Finland	Italy	Netherlands	Switzerland
Belgium	France	Jordan	New Zealand	U.S.A
Canada	Germany	Lebanon	Norway	United Arab Emirates
Chile	Greece	Libya	Oman	U.K.
Cyprus	Iceland	Luxembourg	Slovakia	
Czech Republic	Ireland	Malta	Slovenia	

B. Tuberculin Skin Test screening not indicated: _____
(MD Must Initial)
 (Individual has none of the above risk factors)

Tuberculosis (TB) Risk Factor Screening

Medical Evaluation for Latent Tuberculosis Infection

(To be completed and signed by a licensed healthcare provider)

Student's Name: _____ Date: ____/____/____

Please Note:

If student has had a medically documented, positive TST in the past, the test need not be repeated.
Go to Section B below.

A. Tuberculin Skin Test (Mantoux/Intermediate PPD)

Test must be read by a **healthcare provider** 48-72 hours after administration. If there is no induration, indicate "0" under result. Tine or Mono-Vac tests are **not accepted**.

Date test administered: ____/____/____ Date test read: ____/____/____

Result: ____ mm induration

Test interpretation (refer to table below): Negative Positive

Risk Factor	Positive Result
Close contact with case of TB / is immunocompromised	5 mm or more
Born in country with a high rate of tuberculosis	10 mm or more
Traveled or lived for a month or more in a country with a high rate of tuberculosis	10 mm or more
No risk factors (PPD should not be performed)	15 mm or more (if PPD done)

B. If Tuberculin Skin Test is Positive, now or previously, the following are required:

1. Date of Positive PPD: _____ 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: (____) _____

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(Over)