

ANNUAL PAST-POSITIVE TB SCREENING QUESTIONNAIRE

Student's Name \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_

Tuberculosis (TB) Screening Questions:

- 1. Have you ever had a positive TB skin test? Yes No
vaccinated with BCG? Yes No
(PPD)? Yes No
2. Have you been vaccinated with BCG? Yes No
3. Are you allergic to the TB skin test

If the answer to all of the above questions is NO, there is no need to complete this form. Proceed with yearly TB skin test screenings.

If ONE of the answers above is YES, have your health care provider complete the tuberculosis risk assessment below.

TB Risk Assessment

- 1. Does the patient have signs or symptoms of active TB? (Response Required) Yes No
#2. If YES, then proceed with further evaluation as indicated.

2. Medical assessment

- a. Has +PPD been noted previously? Yes No
ray is required within 12 months of entry: Date of CXR \_\_\_/\_\_\_/\_\_\_
Result: Normal Abnormal

. If yes, has the patient completed a 9 mo course of INH? Yes, completed \_\_\_/\_\_\_/\_\_\_ No

b. If no past history of + PPD or IGRA, then PPD or IGRA must be done regardless of BCG status. The PPD should be recorded as actual millimeters of induration and interpreted based on the guidelines (\*\*). below.

Date Placed: \_\_\_/\_\_\_/\_\_\_ Date Read: \_\_\_/\_\_\_/\_\_\_ Result: \_\_\_mm of induration
\*\*Interpretation (see guidelines below): Positive Negative

c. Interferon Gamma Release Assay (IGRA)

Date obtained: \_\_\_/\_\_\_/\_\_\_
Method: QFT-G QFT-GIT Other\_\_\_\_\_
Result: Positive Negative Intermediate

\*\*Interpretation Guidelines
> 5 mm is positive: Recent close contact with person with active TB/ Abnormal CXR c/w past TB disease/Organ transplant or other immunosuppression/ HIV/AIDS
>10 mm is positive: Significant travel or residence in high prevalence area/ Illicit drug use/ Worker in healthcare, homeless shelter, prisons/Chronic health issues
>15 mm is positive if no risk factors

HEALTH CARE PROVIDER SIGNATURE (Required):

Printed Name \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_
Signature \_\_\_\_\_ (Required) Date \_\_\_\_\_