

TB Risk Assessment

Patient name: _____ Birth date: _____ Date: _____

SYMPTOMS:	YES	NO
Does the patient have any of the following symptoms? If you mark yes to any of the following symptom questions, please report the findings immediately BY PHONE to the county of residence or the WV TBEP.		
Cough for more than 2-3 weeks		
Hemoptysis (Coughing up blood)		
Fever		
Weight loss of more than 10 lbs. for no known reason		
Loss of appetite		
Night sweats		
Weakness or extreme fatigue		

RISK FACTORS:	YES	NO
Does the patient have any of the following risk factors? If you mark yes to any of the following risk factor questions, the patient is qualified for state funded testing if: <ul style="list-style-type: none"> • retesting is not contraindicated. • they have not received a previous state funded test in the past. • there has been a change in their risk factors which has increased the patient’s risk of having or being exposed to TB. If you have any questions about approval, please contact the WV TB Elimination Program for guidance. Please refer to the Standard of Care Documents for more information regarding contraindications.		
Recent contact to someone with active TB (Retesting is NOT recommended for someone with known exposure to an active TB case)		
Born in a country other than the U.S. (If this is an EDN, please follow the EDN protocol for further follow up, EDN’s qualify for state funded testing) If yes, what country? _____		
Visited a high-risk country and stayed for 2 months or more If yes, what country? _____ (Please refer to the TB High Burden Country List on the WV TB Elimination website)		
Lived in a high-risk country If yes, what country? _____ (Please refer to the TB High Burden Country list on the WV TB Elimination website)		
Ever lived or worked in a prison, jail or homeless shelter		
Ever worked in a healthcare facility (including long-term care) outside of West Virginia If yes, where? _____ (This includes different Countries and States)		
Ever injected drugs not prescribed by a doctor		

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<p>Currently or ever reported having any of the following medical conditions: (please check all that apply)</p> <p><input type="checkbox"/> Diabetes <input type="checkbox"/> Stomach or intestinal surgery <input type="checkbox"/> HIV</p> <p><input type="checkbox"/> Kidney disease <input type="checkbox"/> Chronic lung disease <input type="checkbox"/> Colitis</p> <p><input type="checkbox"/> Cancer <input type="checkbox"/> Rheumatoid arthritis</p> <p>(Please DO NOT retest if it is contraindicated, i.e. HIV positive, on a biologic medication, being put on a transplant list or ruling out active TB disease, etc. We recommend treatment for all positive tests for these patients. Please refer to the Standards of Care Documents for more information)</p>		
<p>Currently taking or planning to take any medication that the doctor has said could weaken the immune system or increase the risk for infection</p> <p>(Retesting should NOT be done on patients that already have a positive TB screening test if the patient is already on or getting ready to start immunosuppressive medications. We recommend treatment for all positive tests for these patients. Examples: chemotherapy, some rheumatoid arthritis medications, organ anti-rejection drugs, some medication to treat skin disorders, etc.)</p>		

TB HISTORY:	YES	NO
<p>Has the patient ever had any of the following?</p> <p>If the patient:</p> <ul style="list-style-type: none"> has had a diagnosis of TB, active or latent, they do NOT need testing. TB screening tests can stay positive for life; the patient should be seen in the WV TB Elimination Program clinic. is being referred to the health department to determine if retesting is recommended and it is demined that retesting is recommended the patient would qualify for state funded testing as long as there is no history of past positive tests. has had a history of positive tests in the past, at another facility or through the health department, testing is not recommended, and this patient should be seen in the WV TB Elimination Program clinic. is an EDN with a positive test from another country, domestic testing should be done according to our EDN Protocol, and they would qualify for state funded testing. Please follow the EDN protocol for further follow up. 		
<p>Ever had a TB skin test prior to this referral to the Health Department: If yes: When _____ Where _____ Result _____</p>		
<p>Ever had a TB blood test prior to this referral to the Health Department: If yes: When _____ Where _____ Result _____</p>		
<p>Ever had the BCG vaccine (If you mark yes to this question the patient should only receive a TB blood test, DO NOT use PPD for testing)</p>		
<p>Ever been treated with BCG for cancer (If you mark yes to this question the patient should only receive a TB blood test, DO NOT use PPD for testing)</p>		
<p>Ever taken medication for TB in the past If yes, do they proof of treatment? _____ (If ruling out active TB or there is no proof of treatment, they will need a clinic. If they have proof and we are not ruling out active TB, they can be cleared by the health department)</p>		
<p>Ever been diagnosed with TB in the past (If ruling out active TB or there is no proof of treatment, they will need a clinic. If they have proof and we are not ruling out active TB, they can be cleared by the health department)</p>		

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REASON FOR TESTING:	YES	NO
What prompted testing today? We do not provide routine state funded TB screening; the patient must qualify for a one-time test or have a documented change on the risk assessment for a new state funded test. The goal of the WV TB Elimination Program is to identify new cases of TB.		
Employer requirement (This alone does not meet qualifications for state funded testing, please contact the WV TB Elimination Program with questions)		
Educational institution requirement (This alone does not meet qualifications for state funded testing unless the person is coming from a high-risk country, please contact the WV TB Elimination Program with questions)		
Doctor requires testing prior to starting a medication (This alone does not meet qualifications for state funded testing, if the patient has already had a positive TB screening test and is being referred to the health department retesting is not recommended, these patients would be offered treatment and should be seen in clinic)		
Ruling out Active TB disease (This does qualify for state funded testing)		
Other (please specify): _____ (If you have questions if the reason would qualify someone for state funded testing please contact WV TB Elimination Program)		

FOR LHD OFFICE USE:

NURSE SIGNATURE: _____ DATE: _____

State TST
 State IGRA
 Private TST
 Private IGRA

CXR
 Diagnostic Clinic
 Sputum X 3

Letter Given
 No Follow-Up Needed

Please send a copy of the completed form to the WV TB Elimination Program.