



# Tuberculosis (TB) Risk Assessment

Clinicians should review and verify the information in the **Student Health Form** or other TB screening. Persons answering YES to any of the questions in the **Tuberculosis Screening** section are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.

## STUDENT INFORMATION

|                  |  |               |  |
|------------------|--|---------------|--|
| Student Name     |  |               |  |
| Luther ID Number |  | Date of Birth |  |

## CLINICAL ASSESSMENT BY HEALTH CARE PROVIDER

|   |        |
|---|--------|
| History of a positive TB skin test or IGRA blood test? If yes, document below | Y or N |
| History of BCG vaccination? (If yes, consider IGRA if possible.)              | Y or N |

### 1. TB SYMPTOM CHECK

|   |        |
|---|--------|
| Does the student have signs or symptoms of active pulmonary tuberculosis disease? | Y or N |
|---|--------|

If No, proceed to 2 or 3; If Yes, check below:

|  |   |
|--|---|
|  | Cough (especially if lasting for 3 weeks or longer) with or without sputum production |
|  | Coughing up blood (hemoptysis)  |
|  | Chest pain  |
|  | Loss of appetite  |
|  | Unexplained weight loss   |
|  | Night sweats  |
|  | Fever   |

Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

### 2. INTERFERON GAMMA RELEASE ASSAY (IGRA) – QuantiFERON

|               |  |                 |         |        |             |
|---------------|--|-----------------|---------|--------|-------------|
| Date Obtained |  | Specific Method | QFT-GIT | T-spot | Other _____ |
|---------------|--|-----------------|---------|--------|-------------|

**Result:** (circle one)      Negative      Positive      Intermediate      Borderline (T-spot only)

### 3. TUBERCULIN SKIN TEST (TST)

TST result should be recorded as actual millimeters (mm) 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 TST Given |                  | Date TST Read                 |                        |
| Result         | mm of induration | **Interpretation (circle one) | Positive      Negative |

### 4. CHEST X-RAY: Required if TST or IGRA is positive – Enclose copy of Chest X-Ray Report

|               |  |        |                      |
|---------------|--|--------|----------------------|
| Date of X-Ray |  | Result | Normal      Abnormal |
|---------------|--|--------|----------------------|

**MANAGEMENT OF POSITIVE IGRA OR TST**

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

|  |   |
|--|---|
|  | Infected with HIV   |
|  | Recently infected with M. tuberculosis (within the past 2 years)  |
|  | History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease   |
|  | Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation |
|  | Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung  |
|  | Have had a gastrectomy or jejunioileal bypass   |
|  | Weigh less than 90% of their ideal body weight  |
|  | Cigarette and e-cigarette smokers and persons who abuse drugs and/or alcohol  |

\_\_\_\_\_ Student AGREES to receive treatment

\_\_\_\_\_ Student DECLINES treatment at this time.

**\*\*Interpretation guidelines for Item 3:**

>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 and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for >1month.)
- HIV-infected persons

>10 mm is positive:

- Foreign born or travelers to the U.S. from high prevalence areas or who resided in one for a significant\* amount of time
- injection drug users
- mycobacteriology laboratory personnel
- residents, employees, or volunteers in high-risk congregate settings
- persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunioileal bypass and weight loss of at least 10% below ideal body weight.

>15 mm is positive: persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

\_\_\_\_\_  
Name of Health Care Provider completing TB Risk Assessment Form

\_\_\_\_\_  
Date (month/day/year)

\_\_\_\_\_  
Health Care Provider Address, Telephone and Fax Number

**Please submit this completed form to Student Life at Luther College by mail or fax.**

700 College Drive, Decorah, IA 52101 | Fax: 563-387-2993

Questions can be directed to: 563-387-1020 or [students@luther.edu](mailto:students@luther.edu)