



Employee Name

Birthday (mm/dd/year)

Employee Street address, City, State, Zip Code

Date of Hire

TB (PPD) screening information

Yearly the employee must complete, date and sign the MO Dept. Tuberculosis Risk Assessment Form and the TB portion of this page.

All new RNS employees are expected to have and to submit verification of an initial TB test upon employment

Date of initial TB test if known: _____

Are you a known positive reactor with a medical statement/chest x-ray result on file?

- Yes** Please complete a Known Positive Reactor Form
- No** Please complete accompanying MO Dept. Tuberculosis Risk Assessment Form

Employee Signature

Date

RN Services Rep

Date

An RN Services representative will review the Risk Assessment and will determine if further action is needed.

After review if it is determined that the employee needs a TB test, the employee will complete the questions below and will proceed with TB testing and will take the MO testing form with them to the clinician.

- | | | |
|---|---------------------------|--------------------------|
| 1. Are you pregnant or breastfeeding? | <input type="radio"/> Yes | <input type="radio"/> No |
| 2. Are you taking corticosteroids/immunosuppressive medications? | <input type="radio"/> Yes | <input type="radio"/> No |
| 3. Have you recently received a live virus vaccine (MMR, Varicella, FluMist)? | <input type="radio"/> Yes | <input type="radio"/> No |
| 4. Have you recently been acutely ill? | <input type="radio"/> Yes | <input type="radio"/> No |

Check with your private physician or health department before testing if you answered "yes" to any of the above. Your physician may decide that you are not to be tested at this time. If you are not tested, a statement signed by your physician indicating you are disease-free and why you should not be tested must be submitted.

I have read and I understand the above information and consent to TB testing, if indicated. I understand that I must return 48-72 hours as instructed or the test will need to be repeated.

Employee Signature

Date

RN Services Rep

Date



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNICABLE DISEASE CONTROL AND PREVENTION
TUBERCULOSIS (TB) RISK ASSESSMENT

PATIENT'S NAME	DATE OF BIRTH	DATE
ADDRESS		TELEPHONE NUMBER

A. PLEASE ANSWER THE FOLLOWING QUESTIONS (SECTIONS A & B TO BE COMPLETED BY PATIENT)

HAVE YOU EVER HAD A POSITIVE MANTOUX TUBERCULIN SKIN TEST (TST)? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN VACCINATED WITH BCG? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER HAD A POSITIVE INTERFERON GAMMA RELEASE ASSAY (IGRA) TEST? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN DIAGNOSED WITH OR TREATED FOR TB DISEASE? <input type="checkbox"/> YES <input type="checkbox"/> NO

B. TB RISK ASSESSMENT

HAVE YOU EVER HAD CLOSE CONTACT WITH ANYONE WHO WAS SICK WITH TUBERCULOSIS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER TRAVELED TO ONE OR MORE OF THE COUNTRIES LISTED BELOW? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please CHECK the country/ies below
WERE YOU BORN IN ONE OF THE COUNTRIES LISTED BELOW? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list the country:	WHAT YEAR DID YOU ARRIVE IN THE UNITED STATES?

- | | | | | | |
|---|---|--|---|---|--|
| <input type="checkbox"/> Afghanistan | <input type="checkbox"/> China | <input type="checkbox"/> Guam | <input type="checkbox"/> Maldives | <input type="checkbox"/> Poland | <input type="checkbox"/> Togo |
| <input type="checkbox"/> Algeria | <input type="checkbox"/> Colombia | <input type="checkbox"/> Guyana | <input type="checkbox"/> Mali | <input type="checkbox"/> Portugal | <input type="checkbox"/> Tokelau |
| <input type="checkbox"/> Angola | <input type="checkbox"/> Comoros | <input type="checkbox"/> Haiti | <input type="checkbox"/> Marshall Islands | <input type="checkbox"/> Qatar | <input type="checkbox"/> Tonga |
| <input type="checkbox"/> Anguilla | <input type="checkbox"/> Congo | <input type="checkbox"/> Honduras | <input type="checkbox"/> Mauritania | <input type="checkbox"/> Romania | <input type="checkbox"/> Trinidad & Tobago |
| <input type="checkbox"/> Argentina | <input type="checkbox"/> Congo DR | <input type="checkbox"/> Hungary | <input type="checkbox"/> Mauritius | <input type="checkbox"/> Russian Federation | <input type="checkbox"/> Tunisia |
| <input type="checkbox"/> Armenia | <input type="checkbox"/> Cote d'Ivoire | <input type="checkbox"/> India | <input type="checkbox"/> Mexico | <input type="checkbox"/> Rwanda | <input type="checkbox"/> Turkey |
| <input type="checkbox"/> Azerbaijan | <input type="checkbox"/> Croatia | <input type="checkbox"/> Indonesia | <input type="checkbox"/> Micronesia | <input type="checkbox"/> St. Vincent & The Grenadines | <input type="checkbox"/> Turkmenistan |
| <input type="checkbox"/> Bahrain | <input type="checkbox"/> Djibouti | <input type="checkbox"/> Iran | <input type="checkbox"/> Moldova-Rep. | <input type="checkbox"/> Sao Tome & Principe | <input type="checkbox"/> Turks & Caicos Islands |
| <input type="checkbox"/> Bangladesh | <input type="checkbox"/> Dominica | <input type="checkbox"/> Iraq | <input type="checkbox"/> Mongolia | <input type="checkbox"/> Saudi Arabia | <input type="checkbox"/> Tuvalu |
| <input type="checkbox"/> Belarus | <input type="checkbox"/> Dominican Republic | <input type="checkbox"/> Japan | <input type="checkbox"/> Morocco | <input type="checkbox"/> Senegal | <input type="checkbox"/> Uganda |
| <input type="checkbox"/> Belize | <input type="checkbox"/> Ecuador | <input type="checkbox"/> Kazakhstan | <input type="checkbox"/> Mozambique | <input type="checkbox"/> Serbia | <input type="checkbox"/> Ukraine |
| <input type="checkbox"/> Benin | <input type="checkbox"/> Egypt | <input type="checkbox"/> Kenya | <input type="checkbox"/> Myanmar | <input type="checkbox"/> Seychelles | <input type="checkbox"/> Uzbekistan |
| <input type="checkbox"/> Bhutan | <input type="checkbox"/> El Salvador | <input type="checkbox"/> Kiribati | <input type="checkbox"/> Namibia | <input type="checkbox"/> Sierra Leone | <input type="checkbox"/> Viet Nam |
| <input type="checkbox"/> Bolivia | <input type="checkbox"/> Equatorial Guinea | <input type="checkbox"/> Korea-DPR | <input type="checkbox"/> Nauru | <input type="checkbox"/> Singapore | <input type="checkbox"/> Wallis & Futuna Islands |
| <input type="checkbox"/> Bosnia & Herzegovina | <input type="checkbox"/> Eritrea | <input type="checkbox"/> Korea-Republic | <input type="checkbox"/> Nepal | <input type="checkbox"/> Solomon Islands | <input type="checkbox"/> Vanuatu |
| <input type="checkbox"/> Botswana | <input type="checkbox"/> Estonia | <input type="checkbox"/> Kuwait | <input type="checkbox"/> Nicaragua | <input type="checkbox"/> Somalia | <input type="checkbox"/> Venezuela |
| <input type="checkbox"/> Brazil | <input type="checkbox"/> Ethiopia | <input type="checkbox"/> Kyrgyzstan | <input type="checkbox"/> Niger | <input type="checkbox"/> South Africa | <input type="checkbox"/> Viet Nam |
| <input type="checkbox"/> Brunei Darussalam | <input type="checkbox"/> Fiji | <input type="checkbox"/> Lao PDR | <input type="checkbox"/> Nigeria | <input type="checkbox"/> Sri Lanka | <input type="checkbox"/> Yemen |
| <input type="checkbox"/> Bulgaria | <input type="checkbox"/> French Polynesia | <input type="checkbox"/> Latvia | <input type="checkbox"/> Niue | <input type="checkbox"/> Sudan | <input type="checkbox"/> Zambia |
| <input type="checkbox"/> Burkina Faso | <input type="checkbox"/> Gabon | <input type="checkbox"/> Lesotho | <input type="checkbox"/> N. Mariana Islands | <input type="checkbox"/> Sudan-South | <input type="checkbox"/> Zimbabwe |
| <input type="checkbox"/> Burundi | <input type="checkbox"/> Gambia | <input type="checkbox"/> Liberia | <input type="checkbox"/> Pakistan | <input type="checkbox"/> Suriname | |
| <input type="checkbox"/> Cambodia | <input type="checkbox"/> Georgia | <input type="checkbox"/> Libyan Arab Jamihirya | <input type="checkbox"/> Palau | <input type="checkbox"/> Syrian Arab Republic | |
| <input type="checkbox"/> Cameroon | <input type="checkbox"/> Ghana | <input type="checkbox"/> Lithuania | <input type="checkbox"/> Panama | <input type="checkbox"/> Swaziland | |
| <input type="checkbox"/> Cape Verde | <input type="checkbox"/> Greenland | <input type="checkbox"/> Macedonia-TFYR | <input type="checkbox"/> Papua New Guinea | <input type="checkbox"/> Tajikistan | |
| <input type="checkbox"/> Central African Rep. | <input type="checkbox"/> Guatemala | <input type="checkbox"/> Madagascar | <input type="checkbox"/> Paraguay | <input type="checkbox"/> Tanzania-UR | |
| <input type="checkbox"/> Chad | <input type="checkbox"/> Guinea | <input type="checkbox"/> Malawi | <input type="checkbox"/> Peru | <input type="checkbox"/> Thailand | |
| <input type="checkbox"/> Chile | <input type="checkbox"/> Guinea-Bissau | <input type="checkbox"/> Malaysia | <input type="checkbox"/> Philippines | <input type="checkbox"/> Timor-Leste | |

SOURCE: WORLD HEALTH ORGANIZATION GLOBAL TUBERCULOSIS CONTROL, WHO REPORT 2013, COUNTRIES WITH TUBERCULOSIS INCIDENCE RATES OF > 20 CASES PER 100,000 POPULATION. FOR FUTURE UPDATES, REFER TO WWW.WHO.INT/TOPICS/TUBERCULOSIS/EN/

HAVE YOU EVER HAD AN ABNORMAL CHEST X-RAY SUGGESTIVE OF TB? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO RESPONSE	ARE YOU HIV POSITIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO RESPONSE
ARE YOU AN ORGAN TRANSPLANT RECIPIENT OR DONOR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO RESPONSE	
ARE YOU IMMUNOSUPPRESSED (TAKING AN EQUIVALENT OF >15 MG/DAY OF PREDNISONE FOR ≥ 1 MONTH, OR CURRENTLY TAKING PRESCRIPTION ARTHRITIS MEDICATION)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO RESPONSE	
ARE YOU A RESIDENT, EMPLOYEE, OR VOLUNTEER IN A HIGH-RISK CONGREGATE SETTING (E.G., CORRECTIONAL FACILITIES, NURSING HOMES, HOMELESS SHELTERS, HOSPITALS, AND OTHER HEALTH CARE FACILITIES)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO RESPONSE	
DO YOU HAVE ANY MEDICAL CONDITIONS SUCH AS DIABETES, 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)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO RESPONSE	
DO YOU HAVE A COUGH LASTING 3 WEEKS OR LONGER, CHEST PAIN, WEAKNESS OR FATIGUE, WEIGHT LOSS, CHILLS, FEVER AND/OR NIGHT SWEATS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO RESPONSE	
ARE YOU COUGHING UP BLOOD OR PHEGEM? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO RESPONSE	

I hereby certify that this application contains no misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

PATIENT SIGNATURE (REQUIRED)	DATE
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C. MEDICAL EVALUATION (SECTION C TO BE COMPLETED BY HEALTH CARE PROVIDER-IF NEEDED)

Health Care Provider: If the answer to any of the TB Risk Assessment questions in Section B is YES or NO RESPONSE, proceed with additional medical evaluation as appropriate. Additional evaluation may include one or more of the following: TST, IGRA, sign and symptom review, chest x-ray, or sputum collection. If the patient is immunosuppressed and no previous TB test is documented, an IGRA is recommended.

1. **Tuberculin Skin Test (TST)** Please provide a 2-step TST for those at high risk that have no documentation of a previous TST: Administer 1st step TST today and read in 48-72 hours, if the 1st step TST is positive, document the results in millimeters (mm) of induration and follow the evaluation steps for a positive TST. If the 1st step TST is negative, document the results in mm of induration. Induration should be measured in transverse diameter; if no induration write "0" mm. The TST interpretation* should be based on mm of induration as well as risk factors, not erythema (redness). Place a 2-step TST in one to three weeks after the first TST was read and recorded. The 2-step TST should be read in 48-72 hrs and then follow the documentation procedures as outlined above.

DATE GIVEN	DATE READ
RESULT mm of Induration	*INTERPRETATION <input type="checkbox"/> Positive <input type="checkbox"/> Negative
DATE GIVEN	DATE READ
RESULT mm of Induration	*INTERPRETATION <input type="checkbox"/> Positive <input type="checkbox"/> Negative

***TST INTERPRETATION GUIDELINES (PLEASE CHECK ALL THAT APPLY)**

- >5 mm is Positive:**
- Recent close contact 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 $\geq 15\text{mg/d}$ 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.
 - Children <4 years of age.
 - Children and adolescents exposed to adults in high-risk categories.
- >15 mm is Positive:**
- Persons with no know risk factors for TB disease.

2. Interferon Gamma Release Assay: (IGRA: Please check the IGRA that is used)

<input type="checkbox"/> QFT-G <input type="checkbox"/> QFT-GIT	DATE OBTAINED
RESULT <input type="checkbox"/> Responsive (TB Infection Likely) <input type="checkbox"/> Nonresponsive (TB Infection Unlikely) <input type="checkbox"/> Indeterminate	
<input type="checkbox"/> T-Spot	RESULT <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Borderline/Equivocal
<input type="checkbox"/> Other	RESULT
	DATE OBTAINED

3. Chest X-ray: (Required if TST or IGRA is positive)

DATE OF CHEST X-RAY	RESULT <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	ABNORMAL CHEST X-RAY INTERPRETATION
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4. **Sputum Collection: If the patient has a positive TST or IGRA and a productive cough > 3 weeks, with or without hemoptysis, please collect three (3) consecutive sputum, one early morning and all must be at least eight (8) hours apart with a minimum of 2 milliliters of specimen per tube.**

1. DATE OBTAINED	SMEAR RESULT	CULTURE RESULT
2. DATE OBTAINED	SMEAR RESULT	CULTURE RESULT
3. DATE OBTAINED	SMEAR RESULT	CULTURE RESULT

An isolate on any positive mycobacterium cultures should be sent to the Missouri State Public Health Laboratory.

I HAVE REVIEWED THE ABOVE INFORMATION WITH THE PATIENT AND DEEMED

- No further evaluation needed Further evaluation is needed

HEALTH CARE PROVIDER SIGNATURE (REQUIRED)	DATE
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All positive TST, IGRA, chest x-ray, smear and culture results suggestive of tuberculosis disease or latent tuberculosis infection should be reported to the Missouri Department of Health and Senior Services (fax number: 573-526-0235) or your local public health agency using this form. If you have any questions, please contact the Bureau of Communicable Disease Control and Prevention at 573-751-6113.