Latent Tuberculosis Infection: A guide for Primary Health Care Providers

Persons with any of the fallowing risk factors should be tested for TB infection unless there is written documentation of a previous positive TST or IGRA result.

Risk Factors Yes NO

Recent close or prolonged contact with someone with infectious TB disease	
Foreign-born person from or recent traveler to high- prevalence area for more than one	
month	
Chest radiographs with fibrotic changes	
suggesting inactive or past TB	
Organ transplant recipient	
Immunosuppression secondary to use of	
prednisone (equivalent of2:15mg/day for2:1month) or other medication such as	
TNF-a antagonists	
Injection drug user	
Resident or employee of high-risk	
congregate setting (e.g., prison, long term	
care facility, hospital, homeless shelter)	
Medical conditions associated with risk of	
progressing to TB disease if infected (e.g.,	
diabetes mellitus, silicosis, cancer of head or neck, Hodgkin's disease, leukemia, and end-	
stage renal disease, intestinal bypass or	
gastrectomy, chronic malabsorption	
syndrome, low body weight (10% or more	
below ideal for given population])	
Signs and symptoms of TB	
Persistent cough lasting 3 or more weeks	
AND one of more of the following	
symptoms: coughing up blood, fever, night	
sweats, unexplained weight loss, excessive	
fatigue	

Adapted from form developed by Minnesota Department of Health TB Prevention and Control Program

Tuberculosis Risk Assessment Questionnaire To satisfy Wisconsin Administrative Code § HFS 145.08 health examinations or tuberculosis screening requirements (To be performed by a physician, physician assistant, nurse practitioner or registered nurse)

CERTIFICATE OF COMPLETION

(Please print name)

Name:	Date:
Date of Birth:	
Signature	Date

The above-named individual has submitted a tuberculosis risk assessment. The person does not have risk factors, or if tuberculosis risk factors were identified, he/she has been examined and determined to be free of infectious tuberculosis.