

SAVE

Print

Pediatric TB Risk Assessment Form
(To be completed by medical provider)

*The purpose of the TB Risk Assessment Form is to identify children who may be at increased risk for tuberculosis (TB) and may require evaluation and testing. **A child with any risk factor described below is a candidate for TB testing, unless there is written documentation of a previous positive TB test (tuberculin skin test [TST] or interferon gamma release assay [IGRA]).***

Child's Name:

DOB:

Date:

TB Risk Assessment	Yes	No
Was the child born in Africa, Asia and Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, the Caribbean or the Middle East? In what country was the child born? <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the child lived or traveled in Africa, Asia and Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, the Caribbean or the Middle East for more than one month?	<input type="checkbox"/>	<input type="checkbox"/>
In the last 2 years, has the child lived with or spent time with someone who has been sick with TB?	<input type="checkbox"/>	<input type="checkbox"/>
Have any members of the child's household come to the United States from another country?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child have any history of immunosuppressive disease or take medications that might cause immunosuppression?	<input type="checkbox"/>	<input type="checkbox"/>

Test for TB

Test, using a TST or IGRA, only those infants and children identified to be at risk of exposure to TB. Do not test infants and children at low risk for TB.

- IGRA is the preferred test for children 5 years of age and older with a history of BCG vaccination
- Use the Mantoux tuberculin skin test (5 TU PPD) for children of any age.

Report TB

Report newly diagnosed cases of latent TB infection and suspected or confirmed TB disease to the Massachusetts Department of Public Health.
<http://www.mass.gov/eohhs/gov/departments/dph/programs/id/isis/case-report-forms.html>

Resources

Brochure "What Parents Need to Know About Tuberculosis (TB) Infection in Children", New Jersey Medical School Global Tuberculosis Institute <http://globaltb.njms.rutgers.edu/downloads/products/tbpedsbrochure.pdf>

Screening Infants and Children for Tuberculosis in Massachusetts, MDPH 2014
<http://www.mass.gov/eohhs/docs/dph/cdc/tb/recommendations-screening-children-tb.pdf>

CDC recommendations on TB evaluation, testing and treatment in children
<http://www.cdc.gov/tb/topic/populations/TBinChildren/default.htm>

CDC Guidelines for the Prevention and Treatment of Opportunistic Infections among HIV-Exposed and HIV-Infected Children. MMWR September 2009 <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5811a1.htm>

MDPH supported TB clinics <http://www.mass.gov/eohhs/docs/dph/cdc/tb/regional-clinic-list.pdf>

Medical Provider Signature:

Date:

Massachusetts Department of Public Health | Bureau of Infectious Disease
Division of Global Populations and Infectious Disease Prevention

February 2014

TB Risk Assessment and Screening Form

Name: DOB: Date:

Medical Record Number:

TB History and Triage (to be completed by medical provider)

TB History	Yes	No
1) Has the person had a TB test (skin test or blood test)? TB test result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown TB test date: <input type="text"/> (MM/YY) Where: <input type="text"/> (facility)	<input type="checkbox"/>	<input type="checkbox"/>
2) Did the person get a chest x-ray after the TB test? X-ray result: <input type="text"/> X-ray date: <input type="text"/> (MM/YY)	<input type="checkbox"/>	<input type="checkbox"/>
3) Did the person take medication for TB infection?	<input type="checkbox"/>	<input type="checkbox"/>
4) Does the person remember being sick with TB? If yes, when: <input type="text"/> (MM/YY) Where: Country <input type="text"/> State: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Triage Plan	
<input type="checkbox"/>	Person has TB risk and has one or more TB symptoms: Refer the person for prompt clinical evaluation including a chest x-ray to rule out active TB
<input type="checkbox"/>	Person has TB risk, no symptoms and has no history of previous positive TB test: Test for TB infection or refer for testing and evaluation
<input type="checkbox"/>	Person has a history of previous positive TB test, but has no evidence of treatment: Refer for TB evaluation and treatment

TB Test Documentation
Tuberculin Skin Test (TST) plant date: <input type="text"/> (MM/DD/YY) / TST read date: <input type="text"/> (MM/DD/YY) TST Result: <input type="text"/> (Millimeters of Induration) / TST Interpretation: <input type="checkbox"/> Positive* <input type="checkbox"/> Negative <input type="checkbox"/> Unknown Interferon-Gamma Release Assay (IGRA) performed <input type="text"/> (MM/DD/YY) IGRA Interpretation: <input type="checkbox"/> Positive* <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate/Borderline (requires repeat test)
* Report all persons with positive TB test to the Massachusetts Department of Public Health (DPH) http://www.mass.gov/eohhs/gov/departments/dph/programs/id/isis/case-report-forms.html

Medical Provider Signature: Date: