

**CITY OF WEST HAVEN, CONNECTICUT
DEPARTMENT OF HEALTH**

JOHN M. PICARD
Mayor



ERIC TRIFFIN, M.P.H.
Director of Public Health

Patient's Name: _____
Date of Birth: _____

Today's Date: _____

Tuberculosis (TB) Risk Assessment
(For use in clinics or public health settings)

Persons with any of the following are candidates for Mantoux tuberculin skin test screening, unless a previous positive test has been documented.

Risk Factor	Yes	No
Recent close contact with someone with infectious TB disease.		
Foreign-born from (or extensive travel to) high-prevalence area (e.g., Asia, Africa, Eastern Europe, Latin America)*		
Fibrotic changes on chest x-ray suggesting inactive or past TB		
HIV infection		
Organ transplant recipient §		
Immunosuppressed (equivalent > 15 mg/day of prednisone for > 1 month) §		
Substance abuse		
Resident/employee ‡ of high-risk congregate setting (e.g., jail, long-term care facility, hospitals, homeless shelter)		
Child or adolescent exposed to adults in high-risk categories		
Medical condition associated with increased risk of progressing to TB disease if infected § (e.g., diabetes mellitus, silicosis, cancer of the head or neck, 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 for the given population.)		

*BCG vaccination is NOT a contraindication for tuberculin skin testing; disregard BCG history when interpreting Mantoux result.

§ Decisions to skin test should be based on individual's risk factors and local epidemiology.

‡ Health care workers generally are screened by their employers as indicated, based on the facility's risk level.

Remember: If you decide to test this patient with a PPD test, you are testing to TREAT him/her, not to screen him/her. The patient should have some sort of risk factor in order to be PPD tested.

If you have any questions regarding the above risk factors, please contact your local Director of Health or the CT State TB Control Division at (860) 509-7743.

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