TEMPLATE: Customize as needed

05/2022

# Baseline TB Screening Tool for Residents of Care Settings

Date form completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name, first name, middle initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  < 5 years of age

**Baseline TB screening includes ALL three components:**

1. Assessing for current symptoms of active TB disease
2. Assessing the resident’s TB risk factors and TB history
3. Testing for the presence of infection with *Mycobacterium tuberculosis* by administering either a single TB blood test (IGRA) *or* a two-step TST.

## Symptoms of active TB disease

(check all that are present)

Coughing (> 3 weeks)

Chest pain

Fatigue

☐ Night sweats

☐ Coughing up blood

Weight loss/poor appetite

Fever/chills

*Note:* If TB symptoms are present, promptly refer resident for a chest X-ray and medical evaluation. Do not wait for the TST or TB blood test result.

## Resident’s history and risk factors (check response)

**Ever had a positive reaction to a TB skin test or TB blood test?**

Yes No

If yes: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of millimeters of induration \_\_\_\_\_\_ mm

**Had a TB skin test in the past 12 months?**

Yes No

If yes: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of millimeters of induration \_\_\_\_\_\_ mm

Result\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Had the vaccine series for COVID-19?** Yes No Unknown Comments: \_\_\_\_\_\_\_\_\_\_\_\_

**Had the BCG vaccine?** Yes No Unknown Comments: \_\_\_\_\_\_\_\_\_\_\_\_

**Treated for latent TB infection?** Yes No Unknown Comments: \_\_\_\_\_\_\_\_\_\_\_\_

**Treated for active TB disease?** Yes No Unknown Comments: \_\_\_\_\_\_\_\_\_\_\_\_

**Had a known exposure to TB < 2 years ago?** Yes No Unknown Comments: \_\_\_\_\_\_\_\_\_\_\_\_

**Born outside of the U.S.?** Yes No Unknown Comments: \_\_\_\_\_\_\_\_\_\_\_\_

**Traveled or lived outside of the U.S. in the past 2 years?** Yes No Unknown Comments: \_\_\_\_\_

**Living with HIV?** Yes No Unknown Comments: \_\_\_\_\_\_\_\_\_\_\_\_

**Immune suppressed\*?** Yes No Unknown Comments: \_\_\_\_\_\_\_\_\_\_\_\_

**History of substance abuse?** Yes No Unknown Comments: \_\_\_\_\_\_\_\_\_\_\_\_

**End stage renal disease, diabetes, or silicosis?** Yes No Unknown Comments: \_\_\_\_\_\_\_\_\_\_\_\_

**Scarring/fibrosis on chest X-ray?** Yes No Unknown Comments: \_\_\_\_\_\_\_\_\_\_\_\_

**Undernourished or underweight (< 90% of ideal)** Yes No Unknown Comments: \_\_\_\_\_\_\_\_\_\_\_

**Live-virus vaccine within the past 6 weeks?** Yes No Unknown Comments: \_\_\_\_\_\_\_\_\_\_\_\_

**Severe adverse reaction to a TB skin test?** Yes No Unknown Comments: \_\_\_\_\_\_\_\_\_\_\_\_

**\***i.e., taking immunosuppressive drugs (equivalent to greater than 15 mg of prednisone a day for 1 month or longer) or TNF alpha inhibitor drugs such as Enbrel®, Humira®, or Remicade® for treatment of rheumatoid arthritis, Crohn's disease, or other autoimmune disorders.

TB Blood Test

**Name of TB blood test**  QuantiFERON TB-Gold  QuantiFERON-TB-Gold InTube  T-SPOT

**Date of blood draw:** \_\_\_\_\_\_\_\_\_\_\_\_

**Interpretation of reading**  Positive\*  Negative  Indeterminate

**Laboratory:** \_\_\_\_\_\_\_\_\_\_\_\_

\*Refer resident for a chest x-ray and medical examination to rule out active infectious TB disease.

Tuberculin skin testing (TST)

**TST – First Step**

**Administration**

Name of person administering test: \_\_\_\_\_\_\_

Date and time administered: \_\_\_\_\_\_\_

Location of administration:  L forearm  R forearm  Other: \_\_\_\_\_\_\_

Tuberculin manufacturer: \_\_\_\_\_\_\_

Tuberculin expiration date and lot #: \_\_\_\_\_\_\_

Signature of person who administered test: \_\_\_\_\_\_\_

**Results** (read between 48-72 hours)

Date and time read: \_\_\_\_\_\_\_

Number of mm of induration (across forearm): \_\_mm

Interpretation of reading\*:  Positive\*\*  Negative\*\*\*

Reader’s signature: \_\_\_\_\_\_\_

**TST – Second Step**

**Administration**

Name of person administering test: \_\_\_\_\_\_\_

Date and time administered: \_\_\_\_\_\_\_

Location:  L forearm  R forearm  Other: \_\_\_\_\_\_\_

Tuberculin manufacturer: \_\_\_\_\_\_\_

Tuberculin expiration date and lot #: \_\_\_\_\_\_\_

Signature of person who administered test: \_\_\_\_\_\_\_

**Results** (read between 48-72 hours)

Date and time read: \_\_\_\_\_\_\_

Number of mm of induration (across forearm): \_\_mm

Interpretation of reading\*:  Positive\*\*  Negative

Reader’s signature: \_\_\_\_\_\_\_

\*Consult grid at <https://www.health.state.mn.us/diseases/tb/candidates>   
\*\* Refer resident for a chest x-ray to rule out active TB disease.  
\*\*\* If results are negative, perform the second step in one to three weeks.

Adapted from materials produced by the Global TB Institute and the Francis J. Curry National TB Center.