TB RISK FACTOR SELF ASSESSMENT:
WYOMING DEPARTMENT OF FAMILY SERVICES

The overriding objectives of screening for Mycobacterium tuberculosis (TB) should be to identify *persons who are at high risk for TB exposure and infection*, and *persons at high risk for active TB disease once infected*. Targeting screening to populations who are likely to fall into these two broad categories is now the standard approach in the U.S., and is referred to as *targeted screening*. Wyoming's screening for TB infection (TST/IGRA/CXR) should be performed on all adults who have contact with children in a child care setting before caregiving activities are initiated, including non care providers present in family child care homes. The need for subsequent periodic screening of adults with negative tests and no symptoms should be based on the person's risk of acquiring infection (no requirement for subsequent screenings based solely on working in child care).

WHO	SCREENING PROCEDURE	FREQUENCY OF SCREENING
New employees, volunteers, and household members	If person identifies having one of the signs, symptoms, risk factors, or conditions, person should be screened as per Dept. of Health recommendations.	No further screening needed, unless person develops symptoms or risk factors or Department of Health identifies a need for ongoing screening

_____

Name of individual being screened

If any of the following items apply to you, it is required that you see a health care provider for additional TB screening and/or medical evaluation.

Potential Signs and symptoms:

- ❑ Prolonged cough (> 2-3 weeks) with or without production of sputum that might be bloody
- ❑ Unexplained weight loss
- ❑ Night sweats
- ❑ Chest Pain
- ❑ Diagnosis of community-acquired pneumonia that has not improved after 7 days of treatment
- ❑ Weakness or easily fatigued
- ❑ Loss of appetite
- ❑ Chills
- ❑ Fever

Behavioral Risks (please identify country or facility as necessary)

- ❑ Foreign-born persons, including children, from areas that have a high TB incidence or prevalence. (e.g., Latin America and the Caribbean, Africa, Asia, Eastern Europe, and Russia)
- ❑ Infants, children, and adolescents with travel histories to countries with endemic infection and having substantial contact with native people from such countries (e.g., Latin America and the Caribbean, Africa, Asia, Eastern Europe, and Russia) (Please list country and duration of stay):_____
- ❑ Travelers who anticipate possible prolonged exposure to TB (e.g., those who could be expected to come in contact routinely with hospital, prison, or homeless shelter populations) or those who may have an extended stay over a period of years in an endemic country (e.g., Latin America and the Caribbean, Africa, Asia, Eastern Europe, and Russia)
    - o If the result is negative, travelers should have a repeat test approximately 8-10 weeks after returning.
- ❑ Resident high-risk congregate setting (Long-term care facilities, Mental health institutions) _____
- ❑ Detention/Correction Resident or Employee _____
- ❑ Homeless (past/current)
- ❑ Illicit Drug Use
- ❑ Other _____
- ❑ None of the above risk factors apply to me

Clinical Conditions (can increase the risk for progression to TB disease)

- ❑ HIV/AIDS
- ❑ Silicosis
- ❑ Diabetes
- ❑ Chronical renal failure/ESRD
- ❑ Hematologic/reticuloendothelial disease
- ❑ Cancer in the head, neck, lung
- ❑ Low body weight (10% or more below ideal)
- ❑ Prolonged corticosteroid use
- ❑ Other immunosuppressive therapy (eg. Prednisone or TNF-alpha)
- ❑ Organ transplant
- ❑ Chronic malabsorption syndromes
- ❑ Chest X-Ray finding suggestive of previous TB disease without adequate treatment history
- ❑ Intestinal bypass or gastrectomy
- ❑ None of the above conditions apply to me

I certify I have read this form or it has been read to me and the information given is true and correct. I understand the information given is voluntary and lack of required information could affect my employment.

Signature _____ Date _____