

Virginia Tuberculosis (TB) Risk Assessment

For use in individuals 6 years and older

First screen for TB Symptoms: None (If no TB symptoms present → Continue with this tool)

Cough Hemoptysis Fever Weight Loss Poor Appetite Night Sweats Fatigue

If TB symptoms present → Evaluate for active TB disease

Use this tool to identify asymptomatic **individuals 6 years and older** for latent TB infection (LTBI) testing

- Re-testing should only be done in persons who previously tested negative and have new risk factors since the last assessment
- A negative Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (IGRA) does not rule out active TB disease

Check appropriate risk factor boxes below.

TB infection testing is recommended if any of the risks below are checked.

If TB infection test result is positive and active TB disease is ruled out, TB infection treatment is recommended.

- Birth, travel, or residence in a country with an elevated TB rate ≥ 3 months
- Includes countries other than the United States (US), Canada, Australia, New Zealand, or Western and North European countries
 - IGRA is preferred over TST for non-US-born persons ≥ 2 years old
 - Clinicians may make individual decisions based on the information supplied during the evaluation. Individuals who have traveled to TB-endemic countries for the purpose of medical or health tourism < 3 months may be considered for further screening based on the risk estimated during the evaluation.

- Medical conditions increasing risk for progression to TB disease
- Radiographic evidence of prior healed TB, low body weight (10% below ideal), silicosis, diabetes mellitus, chronic renal failure or on hemodialysis, gastrectomy, jejunioileal bypass, solid organ transplant, head and neck cancer

- Immunosuppression, current or planned
- HIV infection, injection drug use, organ transplant recipient, treatment with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication

- Close contact to someone with infectious TB disease at any time

- None; no TB testing indicated at this time

Patient Name _____

Provider Name _____

Date of Birth _____

Assessment Date _____



Montgomery County
Public Schools

PHYSICIAN'S STATEMENT
FOR EMPLOYEES OF
MONTGOMERY COUNTY PUBLIC SCHOOLS

"As a condition to employment, every public school employee, including without limitation teachers, cafeteria workers, janitors and bus drivers, shall submit a certificate signed by a licensed physician, or by a registered nurse licensed pursuant to Article 2 (§ 54.1-3016 et seq.) of Chapter 30 of Title 54.1, stating that such employee appears free of communicable tuberculosis. Such certificate shall be based on recorded results of such skin tests, X-rays and other examinations, singly or in combination, as are deemed necessary by a licensed physician that have been performed within the twelve months' period immediately preceding submission of the certificate. After consulting with the local health director, any school board may require the submission of such certificates annually, or at such intervals as it deems appropriate, as a condition to continued employment."

Code of Virginia § 22.1-300

PRINTED NAME OF EMPLOYEE _____

SCHOOL OR DEPARTMENT OF EMPLOYMENT _____

In compliance with State law, on basis of examinations, I hereby certify that the above-named individual appears to be free of communicable tuberculosis, this date.

Signature of Health Care Provider _____

Printed Name of Health Care Provider _____

Address of Health Care Provider _____

Montgomery County Public Schools

750 Imperial Street, SE
Christiansburg, VA 24073

Date of Examination _____

I am a licensed health care provider in Virginia, United States of America.
(State or District)

REV:06/2015