Texas Department of State Health Services
Tuberculosis Contact Screening Form

You have been identified as someone who recently spent time in an enclosed area with a person suspected of having tuberculosis (TB) disease. The information below will help the health-care worker interpret the results of the standard tests for possible infection with TB.

Name:_____ Birth Date:_____ Birth Country: _____SS#: _____

Address:_____ Race:_____ Ethnicity:_____ Sex:___

City/State/Zip:_____ Telephone:_____

TB Symptom Review: ☐ Fever ☐ Chills ☐ Cough ☐ Productive Cough ☐ Night Sweats
☐ Hemoptysis ☐ Weight Loss (≥10%) ☐ Enlarged cervical lymph nodes
☐ Other: _____

(Persons with symptoms of TB need a complete evaluation with skin test, sputum x 3, chest x-ray, and medical evaluation)

Previous Testing/Treatment: Date and results of previous tuberculin skin test (TST): _____

History of treatment of TB infection or disease: ☐ No ☐ Yes Dates:_____

History of prior exposure to someone with TB disease: ☐ No ☐ Yes Names/Dates:_____

History that may increase chance of prior exposure to someone with TB disease. Please check all that apply:

☐ Residence or travel in country where TB is common Place/Dates:_____
☐ Resident or employee of correctional facility Place/Dates:_____
☐ Resident or employee of homeless shelter Place/Dates:_____
☐ Resident or volunteer in disaster shelter Place/Dates:_____
☐ Resident of long term care facility Place/Dates:_____
☐ Health care worker Place/Dates:_____
☐ Injection drug use

Other Medical History:

Certain conditions may result in a false-negative result to the tuberculin skin test (TST). Please check all that apply:

☐ HIV infection
☐ Receiving corticosteroids, arthritis medications (e.g., Remicaid, Humira or Enbrel) or other immunosuppressive therapy
☐ Immunization in the last 6 weeks with a live virus vaccine
☐ Illness in the last 6 weeks with rubeola, influenza, mumps, etc. Comment:_____

Persons with a positive result to the tuberculin skin test (TST) should have a chest x-ray to screen for possible TB disease. Children less than 6 years of age should have two views (PA and lateral). Pregnant women can receive a chest x-ray with proper shielding.
Are you pregnant or trying to become pregnant? ☐ Yes ☐ No Comment:_____

(Recent contacts less than 5 years of age need x-rays (PA & lateral) with medical evaluation even if skin test is < 5mm.)

Some conditions increase the chance of developing TB disease if you are infected with TB. Please check all that apply:

☐ Diabetes mellitus
☐ Age less than 5 years
☐ Leukemias/lymphomas
☐ Solid organ transplant
☐ HIV infection or AIDS
☐ Silicosis
☐ Cancer of head/neck/lung
☐ Prolonged use of drugs such as prednisone, Remicaid, Humira or Enbrel
☐ Gastrectomy or jejunoileal bypass
☐ Chronic renal failure or on hemodialysis
☐ Weight 10% less than ideal body weight

Type of Recent Exposure

☐ Exposure during medical procedure
☐ Exposure in congregate setting
☐ Exposure in household of person with TB disease
☐ Other _____

Age

☐ Age < 5 years
☐ Age 5-15 years
☐ Age > 15 years

First Test/Date:_____ Read:_____ Reading:____mm Manufacturer:_____ Lot #:_____

Second Test/Date:_____ Read:_____ Reading:____mm Manufacturer:_____ Lot #:_____

First Chest x-ray/Date:_____ Results:_____

Second Chest x-ray/Date:_____ Results:_____

Health-Care Provider:_____

Interpreter:_____

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