



- Use this tool to identify asymptomatic **adults** 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.
- For TB symptoms or abnormal chest x-ray consistent with active TB disease → Evaluate for active TB disease

Call the Colorado Tuberculosis Program to report a suspected case of TB at 303-692-2656, and for general questions, call 303-692-2638. Please Note: A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.

Check appropriate risk factor boxes below.

LTBI testing is recommended if any of the 4 boxes below are checked.

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

Birth or foreign travel of  $\geq 1$  month consecutively in a country/countries with an elevated TB rate.

- Includes countries other than the United States, Canada, Australia, New Zealand, or Western and North European countries.
- Interferon Gamma Release Assay is preferred over Tuberculin Skin Test for foreign-born persons.
- **Note:** Doctors may make individual decisions based on the information supplied by the individual during the evaluation. Individuals who have traveled to TB-endemic countries for the purpose of medical or health tourism for less than one month 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, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone  $\geq 15$  mg/day for  $\geq 1$  month) or other immunosuppressive medication.

Close contact to someone with infectious TB disease at any time

Patient name: \_\_\_\_\_ Provider: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Assessment date: \_\_\_\_\_  
(Place sticker here, if applicable)

See the [Colorado Tuberculosis Risk Assessment User Guide](#) for more information about using this tool.

Adapted from the California Tuberculosis Risk Assessment available on the PROVIDERS page at [www.ctca.org](http://www.ctca.org).