

**NEW MEXICO BOARD OF PHARMACY
TUBERCULIN SKIN TESTING HEALTH HISTORY AND CONSENT FORM
(FAX THIS FORM TO THE NMDOH TB PROGRAM, 505-827-0163)**

Patient Name (Last, First, MI): _____ Birth Date: _____

Address: _____ Race: _____ Sex: _____

City/State/Zip: _____ Telephone: _____

Physician/Primary Care Provider (PCP): _____ Telephone: _____

Reason for TB Skin Testing: Employment School Immigration Other: _____

A pharmacist has discussed the nature and purpose of the TB skin test with me as well as the risks, benefits and alternatives. I have had an opportunity to ask questions. I understand that I am to return to have the TB skin test read in 48-72 hours by the pharmacist. I further understand that a positive TB skin test result requires my further medical evaluation, and my physician or primary care provider as well as the New Mexico Department of Health TB Program will be notified of any positive TB skin test results. I consent to the TB skin test I DO NOT consent to the TB skin test

Client/Guardian Signature: _____ Date: _____

Allergies: _____

Current Medications: _____

History of live virus immunization(s) in previous 4-6 wks? Yes No If yes, immunization(s) and date(s): _____

TB Symptom Review: None

Persistent cough (> 2-3 wks.) Fever Chills Hemoptysis

Night sweats Poor appetite Weight Loss ($\geq 10\%$) Fatigue

Pediatric Patients (< 6 years of age):

Failure to thrive Decreased activity, playfulness and/or energy

Lymph node swelling Wheezing Personality changes

(IMPORTANT: persons with symptoms of TB disease (persistent cough plus one or more other symptoms of TB) require a complete medical evaluation; refer to their physician/PCP or the nearest local public health office. FAX THIS FORM TO THE NMDOH TB PROGRAM, 505-827-0163)

Previous Testing/Treatment/Other: Date(s) and result(s) of previous documented TST/IGRA: _____

History of treatment of: LTBI or TB disease? Yes No If yes, medication(s) and dates of treatment: _____

History of BCG vaccination? Yes No If yes, date(s): _____ Pregnant or suspected pregnancy? Yes No If yes, LMP: _____

HIGH-RISK: for the following persons who are at highest risk of developing tuberculosis disease if they are infected, tuberculin skin tests are considered positive at 5mm of induration or larger:

HIV-infected or strongly suspected Fibrotic changes on x-ray consistent with prior TB Organ transplant recipients Recent contact with TB case*
(Name of index case: _____) Persons who are immunosuppressed for other reasons (e.g., taking the equivalent of ≥ 15 mg/day of prednisone for 1 month or more, taking tumor necrosis factor- α antagonists)

(*IMPORTANT: all recent contacts to a TB case should be referred to the nearest local public health office. Persons who are severely immunosuppressed require further medical evaluation even if the TB skin test is negative and should be referred to their physician/PCP or the nearest local public health office. FAX THIS FORM TO THE NMDOH TB PROGRAM, 505-827-0163)

MODERATE-RISK: for the following persons with other medical conditions which increase the risk of progression to TB disease or population risks for recent infection, tuberculin skin tests are considered positive at 10mm of induration or larger:

Other Medical Conditions

Diabetes mellitus

Silicosis

Gastrectomy or jejunioileal bypass

Age less than 5 years

Weight 10% less than ideal body weight

Chronic renal failure or on hemodialysis

Leukemia/Lymphoma

Cancer of head/neck/lung

Skin test conversion: increase of 10mm or more within 2 years (recently infected)

Population Risks

Injection drug user Infant, child, or adolescent exposed to an adult in a high-risk category

Resident or employee of high-risk congregate setting: Correctional Health Care Homeless Shelter

Mycobacteriology lab worker Other, explain: _____

Recent arrivals** (within 5 years) from countries where TB is common: Country: _____ Year of US arrival: _____

** (Include permanent change of residence, military service, or non-tourist travel for > one month)

LOW-RISK: for persons at low risk for TB, for whom tuberculin testing is not generally indicated, TST's are considered positive at 15mm of induration or larger.