



Mail or fax completed form to:

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TB Skin Testing Form

Name: Program: Home Phone #:

SECTION 1: TB SKIN TESTING HISTORY

Date of last TB skin test: Result: mm of induration Note: Need to Submit copy of last TB

Only individuals with a history of a positive TB Skin Test result need to answer the next three questions!

If you have had a positive TB skin test, note most recent chest x-ray Result: Normal / Abnormal

Have you taken medication for TB (example – INH)? Yes / No If yes, please list the medication(s):

Have you ever been vaccinated against TB with BCG? Yes / No If yes, please note date(s):

SECTION 2: MEDICAL HISTORY – TO BE COMPLETED ANNUALLY

For questions with a YES response – please indicate reason

Do you currently have a persistent or productive cough? Yes No

Have you been coughing up or spitting up any blood? Yes No

Are you experiencing any night sweats? Yes No

Have you experienced any unexplained weight loss in the past year? Yes No

Have you been experiencing any unusual fatigue? Yes No

Are you experiencing symptoms of an acute infectious illness? Yes No

Are you immune-suppressed by disease, or drugs (i.e., corticosteroids)? Yes No

If yes, list drug(s) and dosage:

Do you currently have a rash, allergic dermatitis? Yes No

Have you received a recent vaccination (live virus in past 6 weeks)? Yes No

Have you lived in a foreign country for 2 months, or greater? Yes No

Have you been exposed to an individual with TB in the past year? Yes No

Drug or food allergies If yes, list drug(s) and dosage: Yes No

Annual Mantoux TB Skin Test - Documentation of the following is required:

*Provide documentation of last 2 TB skin test (TST) no more than 12 months apart or

*A QuantiFERON Gold test or a T-Spot test within the last 12 months

or

*If you have never had a TB skin test before, or have let more than 1 year lapse since your last one, you will need to have a "2 step" TB skin test or a QuantiFERON Gold test or a T-Spot test. The second test must be done at least 7 days from when 1st one is READ but within 3 weeks and subsequent annual TB screening is required

*A positive TST, QuantiFERON Gold test or a T-Spot test, requires all of the following Documentation of the Positive results

Documentation of a negative chest x-ray after the positive TB testing result–One baseline to be submitted

SECTION 3: Health Care Provider Section

Manufacturer: Lot #: Expiration Date:	Manufacturer: Lot #: Expiration Date:
STEP #1 <input type="checkbox"/> Left volar (indicate if otherwise placed)	STEP #2 <input type="checkbox"/> Right volar (indicate if otherwise placed)
Given By: _____ Date: _____ Time: _____	Given By: _____ Date: _____ Time: _____
Read By: _____ Date: _____ Time: _____	Read By: _____ Date: _____ Time: _____
Result: _____ mm induration	Result: _____ mm induration
*Positive results are to be read by two qualified Health Care staff!	*Positive results are to be read by two qualified Health Care staff!
Read By: _____ Date: _____ Time: _____	Read By: _____ Date: _____ Time: _____
Result: _____ mm induration	Result: _____ mm induration

I certify that the above information requested is answered correctly to the best of my knowledge.

STUDENT SIGNATURE

DATE