

TB Skin Testing Form

Name: _____ Program: _____

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 it has been over a year since your previous one, you will need to complete both Step # 1 and # 2. Step #2 should be done no sooner than 7 days from when 1st test was given but no longer than 3 weeks. Subsequent annual TB screening is also required .

A QuantiFERON Gold test or a T-Spot test blood test is also acceptable.

*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