\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name, first name, middle initial

\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Date form initiated

**Symptoms of active TB disease (circle all that are present)**

Coughing (>3 weeks)

Night sweats

Weight loss/poor appetite

Chest pain

Coughing up blood

Fever/chills

Fatigue

*Note:* If TB symptoms are present, promptly refer individual for a chest x-ray before starting or returning to work. Do not wait for the test result.

**History (circle response) Comments**

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever had an adverse reaction to at TB skin test? | Yes | No |  |
| Were you born outside of the US? | Yes | No |  |
| Have you traveled or lived outside of the US in the past 2 years? | Yes | No |  |
| Have you ever had a positive reaction to a TB skin test? | Yes | No |  |
| Have you ever had a TB blood test? | Yes | No |  |
| Have you ever had the BCG vaccine? | Yes | No |  |
| Have you ever been treated for latent TB infection? | Yes | No |  |
| Have you ever been treated for active TB disease? | Yes | No |  |
|  |  |  |  |

**Tuberculin skin testing (TST)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | TST – First Step | | TST – Second Step | |
| **Administration** |  | |  | |
| Name of person administering test |  | |  | |
| Date and time administered |  | |  | |
| Location (circle) | L forearm R forearm Other:\_\_\_\_\_\_\_\_ | | L forearm R forearm Other:\_\_\_\_\_\_\_\_ | |
| Tuberculin manufacturer |  | |  | |
| Tuberculin expiration date and lot # |  |  |  |  |
| Signature of person who administered test |  | |  | |
| **Results**  (read between 48-72 hours) |  | |  | |
| Date and time read: |  | |  | |
| Number of mm of induration:  (across forearm) | \_\_\_\_mm | | \_\_\_\_mm | |
| Interpretation of reading\* (circle) | Positive\*\* Negative\* | | Positive\*\* Negative | |
| Reader’s signature |  | |  | |

\*If results are negative, perform the second step in one to three weeks