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

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