TB SCREENING FOR HEALTHCARE PERSONNEL

DEMOGRAPHIC INFORMATION

ASSOCIATE NAME	DATE OF BIRTH (DOB)

SOCIAL SECURITY # (SSN)	CONTACT PHONE #	EMAIL ADDRESS

SYMPTOMS OF ACTIVE TB DISEASE (CHECK ALL THAT ARE PRESENT)

☐ COUGHING (more than 3 weeks) ☐ NIGHT SWEATS ☐ WEIGHT LOSS/ POOR APPETITE ☐ CHEST PAIN ☐ COUGHING UP BLOOD ☐ FEVER/CHILLS ☐ FATIGUE

HISTORY (CHECK YES OR NO)

Have you ever had a positive reaction to a TB skin test or TB blood test?	☐ YES	☐ NO	_____ IF YES, DATE	_____ MM OF INDURATION	_____ RESULT
Have you had a TB skin test in the past 12 months?	☐ YES	☐ NO	_____ IF YES, DATE	_____ MM OF INDURATION	_____ RESULT
Have you ever had the BCG vaccine? (TB Vaccine)	☐ YES	☐ NO	COMMENTS		
Have you ever been treated for latent TB infection?	☐ YES	☐ NO	COMMENTS		
Have you ever been treated for active TB disease?	☐ YES	☐ NO	COMMENTS		
Have you ever had an adverse reaction to a TB skin test?	☐ YES	☐ NO	COMMENTS		
Have you received a live-virus vaccine within the past 6 weeks? (MMR, Varicella, Zostavax, Flu Mist)	☐ YES	☐ NO	COMMENTS		
Have you had the COVID vaccine in the last 4 weeks?	☐ YES	☐ NO	COMMENTS		
Have you had permanent or temporary residency in a country with a high TB rate for a month or more? (Any country other than the U.S., Canada, Australia, New Zealand, and those in Northern or Western Europe)	☐ YES	☐ NO	COMMENTS		
Current or planned immunosuppression (including HIV infection, organ transplant recipient) treatment with a TNF-alpha antagonist, (e.g. inflixmimab, etanercept or other) chronic steroids (equivalent of prednisone ≥ 15mg/day for ≥ 1 month) or other immunosuppressive medication?	☐ YES	☐ NO	COMMENTS		
Have you had close contact with someone who has had infectious TB disease since your last TB test?	☐ YES	☐ NO	COMMENTS		

PPD (#1) Date Administered:_____ Site:_____
Manufacturer/Lot #:_____ Expiration Date:_____
Administered By:_____
Date Read:_____ Results:_____ _____mm induration
Read By:_____

PPD (#2) Date Administered:_____ Site:_____
Manufacturer/Lot #:_____ Expiration Date:_____
Administered By:_____
Date Read:_____ Results:_____ _____mm induration
Read By:_____