

Tuberculin Consent and Testing Form

Tuberculosis screening will be completed, either through skin testing, evidence of a chest x-ray or blood assay. If the employee test positive, the employee may be required to have a clinical evaluation. If a chest x-ray or blood assay is needed the employee will be financially responsible for obtaining and providing documentation prior to returning to work. All employees will have a 2 Step Test upon hire. If documentation is provided, employee will only be required to complete the questionnaire portion of the consent. All employees will be required to complete questionnaire annually.

Employee Name Print: _____ **Date** _____

Facility Location: _____

Please read and answer the following question.

The purpose of the PPD (Purified Protein Derivative) intradermal skin test is to aid in the detection and diagnosis of tuberculosis or the exposure to tuberculosis.

	Yes	No
1. Have you ever had the disease tuberculosis (TB)?	<input type="radio"/>	<input type="radio"/>
2. Have you ever had a positive reaction to a TB skin test?	<input type="radio"/>	<input type="radio"/>
3. Have you ever had an allergic reaction to a TB skin test?	<input type="radio"/>	<input type="radio"/>
4. Have you ever been immunized against TB with BCG or other?	<input type="radio"/>	<input type="radio"/>
5. Have you ever received any medications used in the treatment of TB?	<input type="radio"/>	<input type="radio"/>
6. Have you taken steroids during the last four weeks?	<input type="radio"/>	<input type="radio"/>
7. Have you had a viral infection during the last four weeks?	<input type="radio"/>	<input type="radio"/>
8. Have you had any type of vaccine during the last four weeks?	<input type="radio"/>	<input type="radio"/>
9. Are you pregnant?	<input type="radio"/>	<input type="radio"/>
10. To your knowledge, have you been exposed to anyone with TB?	<input type="radio"/>	<input type="radio"/>

TO THE BEST OF MY KNOWLEDGE, THE ABOVE ANSWERS ARE TRUE

Employee Signature: _____

For Wellness Director/LVN Administrator Use Only

TB Skin Test #1 (Required upon hire for ALL new employees and repeated annually)

Manufacturer: _____ Lot# _____ Expiration: _____

Date Given: _____ Time: _____

Site : Right Arm Left Arm Administered by: _____

Read By: _____ Date: _____ Time: _____ Results (in mm): _____

TB Skin Test #2- (If applicable)

Manufacturer: _____ Lot# _____ Expiration: _____

Date Given: _____ Time: _____

Site : Right Arm Left Arm Administered by: _____

Read By: _____ Date: _____ Time: _____ Result s(in mm): _____

**Chest x-ray/Clinical
Evaluation referral**

To Whom: _____

Where: _____

Date : _____ Results: _____

Follow-up : _____