Central Occupational Medicine Providers

Comprehensive Industrial Case Management & Treatment Centers

SCREENING FOR TUBERCULOSIS (TST) MUST BE READ within 48-72 hours after it is placed.

Name:

1. When was your last tuberculin skin test (TST)? _____ Was it <10 mm induration ☐ or ≥10 mm ☐
2. Where you born in the United States? Yes ☐ No ☐ If no, where were you born? _____
3. Have you ever been vaccinated with BCG (given in foreign countries, not USA)? Yes ☐ No ☐ Don't Know ☐
4. Have you had any foreign travel since your last TST? Yes ☐ No ☐ If yes, where ? _____

1. Have you ever had a positive TST?	Yes ☐	No ☐
2. Have you ever been treated for TB?	Yes ☐	No ☐
3. Do you current have any of the following symptoms?		
a. Cough lasting longer than 2 weeks?	Yes ☐	No ☐
b. Coughing up blood?	Yes ☐	No ☐
c. Fever lasting longer than 1 week?	Yes ☐	No ☐
d. Weight loss greater than 10 lb (Unplanned)?	Yes ☐	No ☐
e. Night sweats?	Yes ☐	No ☐
f. Unusual fatigue for over 2 weeks?	Yes ☐	No ☐

TEST RESULTS - MANDATORY

(You may attach the actual results of your test done within the previous 12 month period or have your provider complete this section of the form – please note, you may not place or interpret your own test results)

Tuberculin skin test (TST) *MUST BE READ* within 48-72 hours after it is placed and is recorded mm, not as a positive or negative. Depending on your immune status (e.g., HIV infection), a 5mm area of induration may be significant.

☐ Annual ☐ Annual 2 step *For exposures* ☐ Baseline ☐ 90 day

Mantoux (TST, 5TU, 0.1ml) Tubersol® Lot # _____ Expiration Date: _____

Placed: Date: _____ Time: _____ am/pm by: _____

Read: Date: _____ Time: _____ am/pm by: _____

Results _____ mm induration ☐ Negative ☐ Positive

OR

Note: If you have a history of a TST resulting in induration of ≥10mm, have a negative CXR, and have never received treatment for a latent infection, you might consider the QuantiFERON test. Generally, this test is unaffected by prior BCG vaccination. A negative test suggests that there is no latent infection.

A **positive TST or QuantiFERON-TB Gold Test** is compatible with *M. tuberculosis* infection. A chest x-ray should be done to differentiate active from latent infection. **Please attach a copy of your CXR results.**

QuantiFERON-TB Gold Date of test: _____ ☐ Negative ☐ Positive

OR

If you converted your TST and treated in the past, please complete the following:

Year of TST conversion: _____ ☐ Latent Infection ☐ Active Infection

Treatment: [drug(s)]_____ Duration of treatment: _____months

Chest X-ray at the time of TST Conversion: ☐ Negative ☐ Positive

If you converted your TST and NOT treated in the past, please complete the following:

Year of TST conversion: _____ Please enclose a copy of a CXR results done after TST conversion

By my signature below, I attest that the information provided on this form and any attached documents are true and correct information.

Signature: _____ **Date:** _____

Print Name: _____