



MENTAL HEALTH SERVICES

TB Screening

Name (print): _____ Program: _____

Phone Number: _____ Date: _____

I release People Incorporated and its employees from all liability in connection with the administration and interpretation of this test.

Signature: _____ Date: _____

Baseline TB screening includes two components:

(1) Assessing for current symptoms of active TB disease

and

(2) Testing for the presence of infection with *Mycobacterium tuberculosis* by administering a two-step TST.

Annual TB screening includes two components:

(1) Assessing for current symptoms of active TB disease

and

(2) Testing for the presence of infection with *Mycobacterium tuberculosis* by administering a one-step TST.

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

Coughing (>3 weeks)

Chest pain

Fatigue

Night sweats

Coughing up blood

Weight loss/poor appetite

Fever/chills

Note: If TB symptoms are present, promptly refer the employee for a chest x-ray before starting work. Do not wait for the TST result.

Please continue on Page 2.

Employee Name: _____

Employee’s History (circle response)

	Yes	No	Comments
Have you ever had an adverse reaction to a TB skin test?			_____
Were you born outside of the US?			_____
Have you traveled or lived outside of the US in the past 2 years?			_____
Have you ever had a positive reaction to a TB skin test?			_____
Have you ever had a TB blood test?			_____
Have you ever had the BCG vaccine?			_____
Have you ever been treated for latent TB infection?			_____
Have you ever been treated for active TB disease?			_____
Have you had a live virus vaccine within the past 4 weeks?			_____

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: (<u>across</u> forearm)	____ mm	____ mm
Interpretation of reading* (circle)	Positive ** Negative***	Positive ** Negative
Reader’s signature		

*Consult grid at www.health.state.mn.us/divs/idepc/diseases/tb/candidates.pdf

** Refer Employee for a chest x-ray to rule out active TB disease

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