

TB SKIN TEST/SCREENING DOCUMENTATION FORM

Check applicable:

- Initial two-step TST (Mantoux) or a single blood test for TB for all staff having direct contact with patients/clients
 - Step 1 - Initial TST
 - Step 2 - TST 1-3 weeks after step 1

OR

- Documentation of negative TST within 12 months prior to hire, and
 - One-step TST

OR

- Documentation of two (2) or more negative TSTs with the most recent more than 12 months prior to hire, and
 - One-step TST
- Annual (all employees providing patient/client care)
 - Symptom Screen
- Biannual (for health care workers frequently exposed)
 - Symptom Screen
- Post-exposure
 - Administer TST as soon as possible after exposure, and
 - If initial post exposure TST is negative, repeat at 8-10 weeks post-exposure
- Previously documented positive TST, and
 - Radiograph excluding TB Disease
- Previously infected with nontuberculosis mycobacterium, and
 - Radiograph excluding TB Disease
- If mRNA COVID-19 Vaccination has been completed, TB screening tests will be scheduled at least four (4) weeks after completion of the vaccinations.

Date COVID-19 vaccinations were completed: _____/_____/_____ .

Date TB screening tests are scheduled: _____/_____/_____ .

SKIN TEST

Step #1 _____ was given a Mantoux tuberculin ppd intradermal skin test by _____ on _____ on left/right forearm.

Lot# _____ Brand _____ Expiration _____
Results _____ mm induration Date _____ Read by _____

Step #2 by _____ on _____ on left/right forearm.

Lot# _____ Brand _____ Expiration _____
Results _____ mm induration Date _____ Read by _____

Note: Do not include redness or ulceration reading your results. Read results across (transverse) forearm. See TB protocol for classification of results.

If a skin test is $> 10\text{mm}$ and has one or more risk factors for infection, the employee should be referred to the county health department or a local physician for follow-up assessment.

Employee Name: _____

Signature: _____ Date: _____