



Tuberculosis Screen

Staff Member to complete the top half of page and sign.

Name: Department:

DOB: Staff ID: Phone number: Ext:

Email Address:

Staff's Supervisor: Email:

Reason for screening (check all that apply)

- New Staff Physician Credentialing SM Care Extender
Staff Annual Volunteer Other:

Employee Health Only
TB Exposure Date Baseline 8-10 wk Post Exposure

Employee Health only
TB Screen Result:
Cleared
Not Cleared
Reviewer Signature
Reviewer Name
Date

I have a history of a positive TB Skin Test, T-SPOT or Quantiferon Blood Test (Circle one): Yes Date No
I have taken INH or other medication in the past for TB infection or disease: YES Dates:
Number of months: Medication: NO

All staff must answer the following questions EVERY year: (if you answer "yes" to any question below please return this form directly to OHF or SM Employee Health to be evaluated for safety at work)

- 1. Do you have
Recent Contact of a person with active Tuberculosis Yes No
Any condition that decreases your immune system Yes No
An Organ Transplant Yes No
2. Since your last TB Test, have you had any of the following active TB symptoms for more than 3 weeks?:
Coughing up blood Yes No Persistent fever Yes No
Persistent coughing Yes No Hoarseness Yes No
Excessive fatigue Yes No Unexplained weight loss Yes No
Excessive sweating at night Yes No

Staff member's signature: Date:

Employee Health Only

TB Skin Test (annual) Date: Rt Lt Placed By:

5TU dose PPD (0.1cc) Manufacturer: Aventis Sanofi Pasteur Lot Number: Expiration Date:

Skin Test Reading Date: Result: Negative mm induration Positive mm induration

Read by:

New Hire Step #2

TB Skin Test Date: Rt Lt Placed By:

5TU dose PPD (0.1cc) Manufacturer: Aventis Sanofi Pasteur Lot Number: Expiration Date:

Skin Test Reading Date: Result: Negative mm induration Positive mm induration

Read by:

Quantiferon Blood Draw Date Requested: Result: Negative Positive Indeterminate

Chest X-Ray: Only for (1) new hires with a positive TST, (2) initial evaluation of new TST converters, (3) established positive TST staff that have TB symptoms, and (4) to initially evaluate any healthcare provider with >= 5mm induration. All staff with active TB symptoms shall be restricted from work until official radiological interpretation.

Date Requested: Date Reviewed: Result:
Action: Reviewed by: Date: