

Annual TB Screening Tool for Healthcare Workers (HCWs)

Last name, first name, middle initial

___/___/___
Date form completed

___/___/___
Date of birth

(___) ___-_____
Work phone number

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 either a single TB blood test or a two-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 HCW for a chest x-ray before starting work. Do not wait for the TST result.

HCW's history (circle response)

- | | | |
|---|-----|----|
| Have you ever had an adverse reaction to at TB skin test? | Yes | No |
| Were you born outside of the US? | Yes | No |
| Have you traveled or lived outside of the US in the past 2 years? | Yes | No |
| Have you ever had a positive reaction to a TB skin test? | Yes | No |
| Have you ever had a TB blood test? | Yes | No |
| Have you ever had the BCG vaccine? | Yes | No |
| Have you ever been treated for latent TB infection? | Yes | No |
| Have you ever been treated for active TB disease? | Yes | No |

Comments: _____

TB Blood Test

Name of TB blood test (circle)	QuantiFERON TB-Gold QuantiFERON-TB-Gold InTube T-SPOT
Date of blood draw	
Results	
Interpretation of reading (circle)	Positive* Negative Indeterminate
Laboratory	

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

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: (across forearm)	__mm	__mm
Interpretation of reading* (circle)	Positive** Negative***	Positive** Negative
Reader's signature		