

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)

	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?			

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: (<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 HCW for a chest x-ray to rule out active TB disease

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

Adapted by the Minnesota Department of Health TB Prevention and Control Program from materials produced by the Global TB Institute and the Francis J. Curry National TB Center