

# Screening Questionnaire for Tuberculosis Testing

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_

<b>For Patients: The following questions will help us determine which Tuberculosis screening test is best for you.</b>	YES	NO
1. Have you ever had a positive skin test or other test for tuberculosis before?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had BCG (a TB vaccination) or born in a country who administers BCG vaccinations?	<input type="checkbox"/>	<input type="checkbox"/>
3. Were you raised on a ranch or have close contact to live stock for more than 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have an autoimmune disease such as Lupus, Rheumatoid Arthritis or Vasculitis or a history of an autoimmune disease?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you been under treatment for cancer during the last four months?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you HIV positive?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you immunocompromised or potentially immunocompromised?	<input type="checkbox"/>	<input type="checkbox"/>

**TUOLUMNE COUNTY PUBLIC HEALTH DEPARTMENT**

**PPD SKIN TESTING AND POSSIBLE SIDE EFFECTS**

PPD TB skin testing is done to determine if individuals have been infected with tuberculosis, either recently or at some earlier time during their life. The test does not indicate if an individual is sick with TB, but only indicates whether infection has occurred.

The solution of the PPD skin test is made in such a way that a person cannot get TB from the PPD test. The test causes a person who has been infected by the TB germ to have a reaction. People who have never been infected by the TB germ do not have a reaction.

To receive the test, a person has a small amount of the PPD solution injected just beneath the skin on the underside of the forearm. Two to three days later, the person returns to have the test evaluated. A positive test is one where a bump with a hard ridge around it appears at the place where the PPD test was placed. The size of the reaction is also used to determine if the test is positive.

It is very unlikely that a side effect to the test will occur. If such an event does happen, the most common reaction is a local one, such as pain or redness at the test site. In very rare cases, a person who is hypersensitive to the solution could have a more severe allergic reaction near the injection site. Such rare reactions may include blistering or a skin wound. However, if a person has had a positive reaction to a previous PPD TB skin test, they *should not* have another test.

Please fill out the information and sign the consent form below:

**PPD CONSENT FORM**

NAME \_\_\_\_\_ BIRTH NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
PHONE \_\_\_\_\_ ALLERGIES \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_ AGE: \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Date Placed: _____ Time Placed: _____ Site: <input type="checkbox"/> Left Forearm <input type="checkbox"/> Right Forearm	
Manufacturer: _____ Lot# _____	
Administered by: _____	
Date Read: _____ Time Read: _____	Notes:
Induration (please note in mm) _____ mm	
PPD Test Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive	
Results read by: _____	

**PATIENT PROFILE**

**PATIENT INFORMATION:**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_  Home  Work  Other

PHONE: \_\_\_\_\_  Home  Work  Other

SEX:  MALE  FEMALE

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_