



PATIENT PROFILE

PATEINT INFORMATION

DATE:

NAME:

ADDRESS:

CITY :

ZIP :

PHONE / HOME :

PHONE / MOBILE:

PHONE WORK:

GENDER:

MALE

FEMALE

OTHER

DATE OF BIRTH:

HOW DID YOU HEAR ABOUT US?



SCREENING QUESTIONNAIRE FOR TUBERCULOSIS SKIN TEST (TST)

Patient Name: _____ Date of Birth: _____

Today's Date: _____

For Patients: The following questions help us determine if you should proceed with the TST.

	YES	NO
1. Have you ever had a positive TB skin test or TB blood test?	<input type="checkbox"/>	<input type="checkbox"/>
2. Were you born in, have lived in, or travelled temporarily (for ≥ 1 month) in a country with a high TB rate? (i.e., any country other than Australia, Canada, New Zealand, the United States, and those in western or northern Europe)	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been vaccinated with a live-virus vaccine (e.g.: measles, chickenpox, shingles, smallpox) within the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you had a previous severe reaction to the TB skin test?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you currently under immunosuppression therapy? (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month), or other	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you HIV positive?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you been previously diagnosed with Tuberculosis disease?	<input type="checkbox"/>	<input type="checkbox"/>

DO NOT WRITE BELOW THIS LINE

Questionnaire reviewed and evaluated by:

Name: _____ Title: _____

Signature: _____

Date: _____

SCREENING QUESTIONNAIRE FOR TUBERCULOSIS SKIN TEST (TST)

TST Evaluation criteria

	Criteria	Prescribed Action
Indication	Contact to an infectious case of TB	Administer TST
	Patients on Immunosuppression therapy	Administer TST. Increased risk for TB disease
	Pregnant/lactating women	Administer TST. Pregnancy and lactation are not contraindications for TSTs
	HIV positive	Administer TST. Increased risk for TB disease
	Prolonged travel to TB endemic regions	Administer TST. Increased risk for TB disease
Contra-indication	Previous severe adverse reaction to tuberculin or any of its components	Do not administer TST. Advise patient to see PCP for TB blood test (i.e., QuantiFERON, T-Spot).
	Documented previous positive TST or TB blood test (e.g., IGRA, QuantiFERON)	Do not administer TST. Repeat testing yields no meaningful information. Refer to PCP
	Documented history of previous active TB disease or latent TB infection	Do not administer TST. Repeat testing yields no meaningful information. Refer to PCP
Precaution	Immunization with a live-virus vaccine within past 4 weeks	Defer TST until 4 weeks after immunization with live-virus vaccine.

Comments:

TUOLUMNE COUNTY PUBLIC HEALTH DEPARTMENT

20111 CEDAR ROAD NORTH
SONORA, CA 95370
(209) 533-7401

CONSENT TO TUBERCULIN SKIN TESTING (TST) AND POSSIBLE SIDE EFFECTS

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

The solution of the TST is made in such a way that a person cannot get TB from the 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 small amount of the TST solution is injected just beneath the skin on the underside of the forearm. You **must** return to have the test evaluated 48-72 hours later. A positive test is one where a bump with a hard ridge around it appears at the place where the TST 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 you have had a positive reaction to a previous TB skin test, you **should not** have another test.

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



TST CONSENT FORM

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ ALLERGIES _____

BIRTHDATE ____/____/____ AGE: _____

SIGNATURE _____ RELATIONSHIP TO PATIENT _____

Please indicate if you need a 2-step TST? Yes No

If yes, please schedule your second appointment for a minimum of 7 days after your first appointment.

****DO NOT WRITE BELOW THIS LINE****

TUOLUMNE COUNTY PUBLIC HEALTH DEPARTMENT

20111 CEDAR ROAD NORTH
SONORA, CA 95370
(209) 533-7401

Name: _____ DOB: _____

1-Step TST

2-Step TST

Step-1 TST Placement

Date Placed: _____ Time Placed: _____

Site: LFA RFA

Manufacturer: _____

Lot#: _____ Exp. date: _____

Administered by: _____ Title: _____

Step-2 TST Placement **N/A**

Date Placed: _____ Time Placed: _____

Site: LFA RFA

Manufacturer: _____

Lot#: _____ Exp. date: _____

Administered by: _____ Title: _____

Signature: _____

Step-1 TST results (Results must be read 48-72 hours from placement)

Date read: _____ Time read: _____

Induration: _____ mm

TST result: Negative Positive

Results read by (print name): _____ Title: _____

Signature: _____

Step-2 TST results **N/A**

Date read: _____ Time read: _____

Induration: _____ mm

TST result: Negative Positive

Results read by (print name): _____ Title: _____

Signature: _____