

+ + + **TUBERCULOSIS SCREENING** + + +

For clients with potential exposure to someone with tuberculosis (TB), a TB test (either a skin test or IGRA) will be administered to see if the client was infected with the TB bacteria. A history of BCG or current pregnancy is not a reason to defer testing. Clients claiming a previously positive test must provide documentation.

\_\_\_\_\_  
Name \_\_\_\_\_  
Position / Title

**Tuberculin Skin Test**

*1<sup>st</sup> Test*  
Initial Test Date: \_\_\_\_\_  
Injection Site: \_\_\_\_\_  
By whom: \_\_\_\_\_

*2<sup>nd</sup> Test*  
Second Test Date: \_\_\_\_\_  
Injection Site: \_\_\_\_\_  
By whom: \_\_\_\_\_

Date Read: \_\_\_\_\_  
By whom: \_\_\_\_\_  
Result: \_\_\_\_\_ mm of induration

Date read: \_\_\_\_\_  
By whom: \_\_\_\_\_  
Result: \_\_\_\_\_ mm of induration

Test Date	Injection Site	By Whom	Date Read	By Whom	Result (mm)

**QuantiFERON / IGRA**

Test Date	By Whom	Result
		<input type="checkbox"/> + <input type="checkbox"/> - <input type="checkbox"/> Indeterminate
		<input type="checkbox"/> + <input type="checkbox"/> - <input type="checkbox"/> Indeterminate
		<input type="checkbox"/> + <input type="checkbox"/> - <input type="checkbox"/> Indeterminate
		<input type="checkbox"/> + <input type="checkbox"/> - <input type="checkbox"/> Indeterminate
		<input type="checkbox"/> + <input type="checkbox"/> - <input type="checkbox"/> Indeterminate

If TST/QFT positive, date of chest x-ray and results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations / Treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments on any of the above results: \_\_\_\_\_  
\_\_\_\_\_

Client acknowledges they have received a copy of their results by signing below:

Client Signature \_\_\_\_\_  
Date \_\_\_\_\_