

Chanan Foundation, Inc. Client Tuberculin Screening Form

Name _____ Social Security _____

Location _____ DOB _____

1. Have you ever had a previous PPD skin test? No _____ Yes _____

2. If skin test was previously positive, did you have the following?

Chest X-ray done _____

Medication _____

3. Do you have any of the following symptoms?

_____ Cough _____ hemoptysis

_____ fever _____ expectoration

_____ weight loss _____ lbs

_____ night sweats

_____ none of the above symptoms

4. Have you ever had the following symptoms?

_____ hx of lung disease

_____ hx of pneumonia

_____ hx of hepatitis

Tuberculin Skin Test Results:

_____ hx of lung injury

_____ fractured ribs

_____ trauma

_____ none of the above symptoms

Client Signature

Date _____

=====

_____ TB skin test recommended
_____ no TB skin test performed, no F/U needed
_____ no TB skin test performed, F/U needed
_____ other _____

“I give permission for myself to receive a Mantoux Tuberculin Skin Test.”

Client Signature

Date _____

Mantoux Tuberculin Skin Test location:

_____ Lt Forearm _____ Rt Forearm

RN Signature

Date _____ Time given _____

Mantoux

_____ negative _____ mm

_____ positive _____ mm

Comment _____

10mm induration of larger is considered positive; 5 to 9mm induration should have a repeat test in 3 months; 5mm induration or greater is positive in persons who have an immunosuppressed disease; 6mm to 9mm induration in persons who have received BCG vaccine should be repeated in 3 months, and 10mm or greater induration is considered positive.

_____ repeat in three months during the month of _____

_____ referred to Community Health Dept

_____ referred to private physician

_____ repeat in one year

RN Signature

Date _____ Time Read _____