T.B. SKIN TEST / SCREENING QUESTIONNAIRE

Name: ___________________________ (Last) ___________________________ (First) ___________________________ (MI) ___________________________

Birth Date: ___________________________

Address: ___________________________ (Street) ___________________________ (City) ___________________________ (State) ___________________________ (Zip) ___________________________

Daytime Phone: ___________________________ Evening Phone: ___________________________

Parent/Guardian: ___________________________

Place of Work/School: ___________________________ Occupation: ___________________________

Reason for Skin Test: ___________________________

Answer the following questions which apply to the person receiving the T.B. skin test.

1. Have you ever had a positive T.B. skin test?  
2. Have you ever had or been suspected of having tuberculosis?  
3. Have you had recent close contact with someone who has tuberculosis?  
4. Have you had BCG? (Immunization given in some countries to protect against T.B.)  
5. Have you received measles, mumps, rubella, or varicella (chicken pox) or shingles vaccine within the past month?  
6. Have you had a severe allergic reaction to phenol?  
   (A preservative added to some PPD solutions)  
7. Do you have any chronic diseases (such as Leukemia, Hodgkin’s disease, diabetes, HIV infection, alcoholism, kidney disease)  
8. Have you had a sexual contact or shared needles with anyone who is at risk for  
   Or has HIV infection/AIDS?  
9. Have you taken corticosteroids or immunosuppressive therapy within the past 6 weeks?  
10. Have you had a viral infection in the past 6 weeks? (Example: chicken pox, mumps, Measles, or influenza)  
11. Are you pregnant?  
12. Within the last month have you had any of the following?  
   A. A cough lasting over 3 weeks? 
   B. Sputum production or blood with the cough? 
   C. Unexplained loss of appetite or sudden weight loss? 
   D. Fever, chills, or night sweats for no reason? 
   E. Persistent shortness of breath? 
   F. Increased fatigue? 
   G. Chest pain? 

(Circle One) 

Yes  No

Yes  No  

Yes  No  

Yes  No

Yes  No  

Yes  No  

Yes  No  

Yes  No  

Yes  No

A positive tuberculin reaction does not necessarily mean a person has active tuberculosis disease. Further tests and chest x-rays are needed before a diagnosis of active tuberculosis disease is made.

I have received information about T.B. skin testing and have had the opportunity to ask questions which were answered to my satisfaction and consent to be tested. I understand I need to return in 48 to 72 hours to have my skin test read.

Signature of the person to be tested or person authorized to make the request. ___________________________ (Date) ___________________________

Revise 2013 CS
Notification of TB Skin Test

Name: ___________________________ Birth Date: ___________________________

Address: ___________________________ City: ___________________________

Phone: ___________________________ Reason for Skin Test: ___________________________

Tuberculin Testing Results
(To be completed by the Health Care Professional)

<table>
<thead>
<tr>
<th>TEST</th>
<th>DATE TEST GIVEN</th>
<th>SITE (FOREARM)</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>MANTOUX/PPD</td>
<td></td>
<td>L</td>
<td></td>
</tr>
<tr>
<td>Lot # ________</td>
<td></td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>Expire Date ___________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Test Administered by: ___________________________
Marshall County Health Department
600 Broadway Street
Marysville, KS 66508
785-562-3485

DATE TEST READ: ___________________________
TIME: ___________________________

RESULT: ___________________________ MM

POSITIVE       NEGATIVE
TEST READ BY: ___________________________
Marshall County Health Department
600 Broadway Street
Marysville, KS 66508
785-562-3485

A negative skin test reading means that no tuberculosis infection is present.

A positive skin test reading means tuberculosis infection may be possible. This DOES NOT MEAN you have active Tuberculosis. It does mean that further testing and follow-up is necessary. You will be contacted concerning this and further treatment might be needed. If you have questions, please visit with the nurse who reads your skin test.