

T.B. SKIN TEST / SCREENING QUESTIONNAIRE

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(Last) (First) (MI)

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.

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

TEST	DATE TEST GIVEN	SITE (FOREARM)	TIME
MANTOUX/PPD		L	
Lot # _____		R	
Expire Date _____			

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.