

## Tuberculosis Screening Form

### Two-Step TB Screening Policy:

Nursing students are required to have an initial two step TB screening upon admission to the program. Two step tuberculin skin testing is done to detect delayed hypersensitivity reactions in people who have been infected with mycobacterium tuberculosis. If the first test reading is positive, no further skin testing is done. The student would then be required to have a chest x-ray and if required to have follow-up therapy. If the test is negative, a second test is performed 1-3 weeks later. If the second test is positive the student is classified as "previously infected" and cared for appropriately. The two-step tuberculin skin test is required only once if the student continues to have annual skin testing.

### Previous Positive TB Screening:

For students who have documentation of a previous positive skin test, no skin testing is performed, and follow-up symptom screening and periodic chest x-rays is required per CDC guidelines. The symptom screening form is to be completed yearly.

### **TB Skin Test #1**      **If tested yearly please submit copy of previous test results.**

Date given: \_\_\_\_\_ Time given: \_\_\_\_\_ Site: ☐ lt. arm ☐ rt. arm

Manufacturer/Lot #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Administered by: \_\_\_\_\_

### **Test Results #1**

Date read: \_\_\_\_\_ Time read: \_\_\_\_\_ Result: ☐ negative ☐ positive Induration: \_\_\_\_\_mm

Read by: \_\_\_\_\_

### **TB Skin Test #2**

Date given: \_\_\_\_\_ Time given: \_\_\_\_\_ Site: ☐ lt. arm ☐ rt. arm

Manufacturer/Lot #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Administered by: \_\_\_\_\_

### **Test Results #2**

Date read: \_\_\_\_\_ Time read: \_\_\_\_\_ Result: ☐ negative ☐ positive Induration: \_\_\_\_\_mm

Read by: \_\_\_\_\_

**OR**

Interferon-Gamma Release Assays (IGRAs) – Blood Tests for TB Infection: Please include copy of results.

Please check one: ☐ T-spot ☐ QuantiFERON

Date of Test: \_\_\_\_\_ Results: ☐negative ☐positive ☐ indeterminate

Signature of Healthcare Provider: \_\_\_\_\_