

## ANNUAL HEALTH REVIEW / TUBERCULOSIS SCREENING

(This is a Confidential Medical Record)

<b>Date:</b>	<b>Name:</b>	<b>Title:</b>	<b>Department:</b>
	<b>Contact Number:</b>		

**Yes No**

1. Do you have any signs or symptoms of the following:
  - a. Cough lasting 3 weeks or longer?
  - b. Coughing up blood or sputum (deep inside the lung)?
  - c. Fever lasting longer than three (3) weeks? Or Chills?
  - d. Night sweats?
  - e. Unintentional weight loss?
  - f. Loss of appetite/no appetite?
  - g. Weakness or fatigue?
2. Have you had a positive (raised, hardened, reddened) TB Skin Test?  
 Yes, date of last positive TB Skin Test (Month/Day/Year) \_\_\_\_\_ Attach proof of + TST
- 2.1 Did you receive INH Treatment?
3. Have you ever received a BCG vaccination?
4. Are you taking any medication that would affect this reading?  
 (steroids, anti-virals, protease inhibitors, immunosuppressants)?
5. Do you have any chronic medical condition that would affect this reading?  
 (heart disease, kidney disease, diabetes) \_\_\_\_\_
6. Have you ever had a reaction or allergy to Latex? Reaction: \_\_\_\_\_
7. Have you had a Tetanus Vaccine (Tdap) in the last 10 years?  
 Last Tetanus (Month/Day/Year) \_\_\_\_\_ If more than 10 years, must be vaccinated or sign decline (you may receive Tdap at the Employee Health Department)

**Yes No Risk Assessment**

Temporary or permanent residence ( $\geq 1$  month) in a country with a high TB rate (any country other than Australia, Canada, New Zealand, United States, western/eastern Europe)  
 Country: \_\_\_\_\_

Closed contact with someone who has had infectious TB disease since last TB test

Current or planned immunosuppression (HIV infection, organ transplant, TNF-alpha antagonist (infliximab, etanercept ETC) prednisone treatment  $\geq 15$ mg/day  $\geq 1$  month or other immunosuppressive

Should I experience any of the above symptoms, I understand I must immediately notify Infection Control or Employee Health. I understand that I may receive a copy of this form, with the results, for my records. I have received information about TB education including risk factors, the signs and symptoms of TB disease, and TB infection control policies and procedures (MCN).

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – FOR EMPLOYEE HEALTH USE ONLY**

Pre-placement: History of positive TST without proof and are asymptomatic requires 2-step baseline TST

Post-Exposure: Perform TST and Symptom checks, repeat TST in 8-10weeks (2-step TST)

Annual: Complete questionnaire. Employees who had positive TST/ongoing or known exposure/high risk areas (ED, RT, pulmonologists, inpatient) need annual TST

An approved reader must read the PPD **48 to 72 hours** after administration.

A history of BCG vaccination is not a contraindication to PPD Testing. Pregnancy is not a contraindication.

- |  |   |
|--|---|
| <input type="checkbox"/> Referred for Chest X-ray        | <input type="checkbox"/> Referred for Medical Follow-Up                           |
| <input type="checkbox"/> Copy of Films Given to Employee | <input type="checkbox"/> Information on Latent TB & INH Therapy Given to Employee |

Evidence of Communicable Disease? †Yes †No

Date Given: \_\_\_\_\_ EH Nurse: \_\_\_\_\_  
 0.1cc/5TU PPD Site:  R  L Forearm  
 Manufacturer: \_\_\_\_\_  
 Lot #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Date Read: \_\_\_\_\_ By: \_\_\_\_\_  
 Induration: \_\_\_\_\_ mm.

**CHECK ONE:**  
 Non-Significant Reaction  
 Significant Reaction (Contact Employee Health/IC immediately.)

Date Given: \_\_\_\_\_ EH Nurse: \_\_\_\_\_  
 0.1cc/5TU PPD Site:  R  L Forearm  
 Manufacturer: \_\_\_\_\_  
 Lot #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Date Read: \_\_\_\_\_ By: \_\_\_\_\_  
 Induration: \_\_\_\_\_ mm.

**CHECK ONE:**  
 Non-Significant Reaction  
 Significant Reaction (Contact Employee Health/IC immediately.)

Induration of 10 mm (in width) is considered a Significant Reaction for most screening subjects.  
 Induration of 5 mm or greater is considered a Significant Reaction following exposure to TB and in those known to have, or suspected of having, HIV.