

Tuberculosis surveillance is required by OSHA, JCAHO, and other regulatory agencies for health care employees, volunteers, and physicians. A two-step TB Skin Test (TST) is required on-hire. A TST is required annually thereafter. Other testing may be required related to exposure to TB. The TB Skin Test is to be read **48-72 hours after placement.** 

To be completed Name:	_		Today's Date:						
Please check YES or NO for the following questions:									
Please check YES or NO for the following questions:  Since your last TB review, have you worked in a location where patients with active TB received care or services?									
Since your last TB review, have you lived with or had close contact with someone who has TB disease?									
Since your last TB revie	Since your last TB review, have you had an abnormal chest x-ray?								
Since your last TB review, has a healthcare practitioner told you that your immune system isn't working or can't fight infection?									
Do you work, volunteer, or live in another facility that provides medical or social services?									
Since your last TB review, have you traveled outside the U.S.A.? If yes, where?									
Since your last TB review, have you had any of the following symptoms for more than 3 weeks at a time? (Please check all symptoms that apply; if you have no symptoms, check NONE).  [ ] Persistent coughing									
Student S	Signature		Date						
STEP 1 OR ANNUAL PPD: To be Completed by Healthcare Provider:									
TB Skin Test:	[ ] Step 1	[ ] Annual	[ ] Post Exposure						
Date Placed:		Site: [ ] LFA	[] RFA						
Date Read: [ ] Results in i	 mm:Ne	eg (0mm) without i	induration ed to Occupational Health for immediate interpreta	ntion).					
Test Rea	ad by								
Name		Title							
STEP 2 PPD:			completed two weeks after Step 1. by Healthcare Provider:						
TB Skin Test:	[ ] Step 2	[ ] Annual	[ ] Post Exposure						
Date Placed:		Site: [ ] LFA	[ ] RFA						
TEST MUST BE READ WITHIN 48-72 HOURS AFTER ADMINISTRATION									
	mm:Ne r Indeterminate Test		induration ed to Occupational Health for immediate interpreta	ation).					
Test Re	ad by	Name	Title	_					