

VIRGINIA PENINSULA COMMUNITY COLLEGE

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 by Student:		
Name: _____	Today's Date: _____	
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?	YES	NO
Since your last TB review, have you lived with or had close contact with someone who has TB disease?		
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).		
<input type="checkbox"/> Persistent coughing	<input type="checkbox"/> Hoarseness	
<input type="checkbox"/> Excessive weight loss	<input type="checkbox"/> Excessive fatigue	
<input type="checkbox"/> Excessive sweating at night	<input type="checkbox"/> Coughing up blood	
<input type="checkbox"/> Persistent fever	<input type="checkbox"/> None	
<i>I have reviewed the above and I am currently free of signs and symptoms of active disease.</i>		
_____ Student 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		
TEST MUST BE READ WITHIN 48-72 HOURS AFTER ADMINISTRATION			
Date Read: _____			
<input type="checkbox"/> Results in mm: _____ Neg (0mm) without induration			
<input type="checkbox"/> Positive or Indeterminate Test (Must be referred to Occupational Health for immediate interpretation).			
Test Read by _____	_____		
Name	Title		

***Note: Step 2 must be completed two weeks after Step 1.**

STEP 2 PPD: To be Completed 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			
Date Read: _____			
<input type="checkbox"/> Results in mm: _____ Neg (0mm) without induration			
<input type="checkbox"/> Positive or Indeterminate Test (Must be referred to Occupational Health for immediate interpretation).			
Test Read by _____	_____		
Name	Title		