THOMAS NELSON *becoming* 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:	**YES**	**NO**
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 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 [ ] Hoarseness
[ ] Excessive weight loss [ ] Excessive fatigue
[ ] Excessive sweating at night [ ] Coughing up blood
[ ] Persistent fever [ ] None

I have reviewed the above and I am currently free of signs and symptoms of active disease.

_____ _____

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:_____

[ ] Results in mm:_____Neg (0mm) without induration

[ ] 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:_____

[ ] Results in mm:_____Neg (0mm) without induration

[ ] Positive or Indeterminate Test (***Must be referred to Occupational Health for immediate interpretation).***

Test Read by_____

Name **Title**