



2015 TB Screening Questionnaire

Name: \_\_\_\_\_ (PLEASE PRINT)

Employee# or SS#: \_\_\_\_\_

Dept: \_\_\_\_\_

Screening Questions:

- 1. Do you have a history of a positive TB Skin Test or history of having TB?
2. Do you have a condition requiring steroid or immunosuppressive therapy?
3. Do you have an immunosuppressive illness at the present time?
4. Have you had any of the following in the past year?
5. Have you had the BCG vaccine?
(Vaccine given in foreign countries where there is a high incidence of Tuberculosis)

If you answered yes to any of the screening questions above and are declining the tuberculin PPD skin test, please sign here
Signature: \_\_\_\_\_ Date \_\_\_\_\_

I hereby consent to the injection of tuberculin PPD skin test. I further understand that my site must be read and documented by a nurse or physician no sooner than 48 hours and no later than 72 hours after the injection time.
I grant permission for the information contained in this form to be shared with other health systems for the purpose of employment, education, or licensure.
Signature \_\_\_\_\_ Date \_\_\_\_\_

Sanofi Pasteur (PPD) \_\_\_ Tubersol \_\_\_ Aplisol Mantoux Technique \_\_\_ Left Forearm \_\_\_ Right Forearm
Lot # \_\_\_\_\_ Exp Date \_\_\_\_\_

Administered by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ am / pm

Read by \_\_\_\_\_ Results \_\_\_\_\_ mm Date \_\_\_\_\_ Time \_\_\_\_\_ am / pm

PLEASE NOTE: If any redness or raised area (induration) appears, the skin test must be read and measured by the Employee Health staff. Failure to have the site appropriately read and documented by Employee Health will render the test invalid, and the employee will not be allowed to work until cleared by Employee Health.