

TUBERCULOSIS TEST FORM

Patient Name: _____ **SSN:** _____

Please answer these questions:

- Have you taken steroids within the last 10 days? Yes _____ No _____
- Have you had a positive reaction to a TB skin test? Yes _____ No _____
- Have you had an allergic reaction to a TB skin test? Yes _____ No _____
- Have you had a BCG vaccination for TB? Yes _____ No _____

Bacillus of Calmette-Guerin used for immunization against tuberculosis in exposed TB skin test negative infants and children.)

If you answered YES to any of the above questions, have you since received:

- TB skin test? Yes _____ No _____
- Chest X-ray? Yes _____ No _____
- Chest X-ray result: _____
- Did you receive treatment? Yes _____ No _____ If yes, type of treatment: _____

PATIENT INSTRUCTIONS:

A TB skin test is given to screen people for tuberculosis. A reaction to this test does not necessarily mean that you have tuberculosis. It is important however to have the test site examined within the timeframe of 48 to 72 hours. If it has been more than 72 hours since the test was administered, the test will have to be repeated and you may be responsible for the cost of a repeat test.

DO NOT put a bandage or lotion on the test site. It is okay to get the site wet but do not wipe or scrub the test site. If it itches, you may put a cold compress on the area.

Your test will not be read before (date/time): _____ (am/pm) or after (date/time): _____ (am/pm).

Patient Signature: _____ **Date:** _____

TEST INFORMATION:

Designated placement for the TB skin test: (circle) right or left anterior aspect of the forearm.

- IPPD Skin Test Lot #: _____ Expiration Date: _____
- Date Given: _____ Time Given: _____ (am/pm)
- Nurse/Clinician: _____

Test Results/Interpretation: *(Document all readings in numerical format)*

- Negative: _____ mm Positive: _____ mm induration (measure)
- Date Read: _____ Time Read: _____ (am/pm)

Positive Test: Test results have been discussed with patient. TB Clinic referral sheet reviewed and given to patient. A copy of this sheet has been provided. Patient verbalized understanding of need for follow up. _____ Patient Initials

Reader Signature: _____ **Date:** _____