



LAST NAME	FIRST, MIDDLE NAME	BIRTHDATE	EMPLOYEE NO.	JOB CLASSIFICATION	WORK PHONE NO
WORK FACILITY	SUPERVISOR NAME	SOURCE INITIALS	SOURCE MR#	EXPOSURE AREA	DATE OF EXPOSURE

WORKFORCE MEMBER TO COMPLETE

INITIAL EVALUATION		DATE:
TUBERCULOSIS SYSTEM REVIEW – Check any of the following conditions you have had since your last health evaluation		
<input type="checkbox"/> YES <input type="checkbox"/> NO	1. Cough lasting more than 3 weeks	
<input type="checkbox"/> YES <input type="checkbox"/> NO	2. Coughing up blood	
<input type="checkbox"/> YES <input type="checkbox"/> NO	3. Unexplained/Unintended weight loss (> 5 lbs)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	4. Night sweats (not related to menopause)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	5. Fever/chills	
<input type="checkbox"/> YES <input type="checkbox"/> NO	6. Excessive sputum	
<input type="checkbox"/> YES <input type="checkbox"/> NO	7. Excessive fatigue/malaise	
<input type="checkbox"/> YES <input type="checkbox"/> NO	8. Recent close contact with a person with TB	
<input type="checkbox"/> YES <input type="checkbox"/> NO	9. Chronic immunosuppression (including transplant recipient, persons on prolonged corticosteroid therapy)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	10. Uncontrolled diabetes mellitus	
<input type="checkbox"/> YES <input type="checkbox"/> NO	11. HIV/AIDS	
Note: HIV infection and other medical condition may cause Tuberculin skin test to be negative even when TB infection is present.		
WORKFORCE MEMBER SIGNATURE		DATE

WORKFORCE MEMBER TO COMPLETE

8-10 WEEK FOLLOW-UP EVALUATION		DATE:
TUBERCULOSIS SYSTEM REVIEW – Check any of the following conditions you have had since your last health evaluation		
<input type="checkbox"/> YES <input type="checkbox"/> NO	1. Cough lasting more than 3 weeks	
<input type="checkbox"/> YES <input type="checkbox"/> NO	2. Coughing up blood	
<input type="checkbox"/> YES <input type="checkbox"/> NO	3. Unexplained/Unintended weight loss (> 5 lbs)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	4. Night sweats (not related to menopause)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	5. Fever/chills	
<input type="checkbox"/> YES <input type="checkbox"/> NO	6. Excessive sputum	
<input type="checkbox"/> YES <input type="checkbox"/> NO	7. Excessive fatigue/malaise	
<input type="checkbox"/> YES <input type="checkbox"/> NO	8. Recent close contact with a person with TB	
<input type="checkbox"/> YES <input type="checkbox"/> NO	9. Chronic immunosuppression (including transplant recipient, persons on prolonged corticosteroid therapy)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	10. Uncontrolled diabetes mellitus	
<input type="checkbox"/> YES <input type="checkbox"/> NO	11. HIV/AIDS	
Note: HIV infection and other medical condition may cause Tuberculin skin test to be negative even when TB infection is present.		
WORKFORCE MEMBER SIGNATURE		DATE

EMPLOYEE HEALTH TO COMPLETE

TUBERCULIN SKIN TEST RECORD						
0.1 ml of 5 tuberculin units (TU) purified protein derivative (PPD) antigen intradermal						
1	MANUFACTURER		LOT #	EXP		
	DATE PLACED	ADM BY	SITE	DATE READ	READ BY	RESULT mm
2	MANUFACTURER		LOT #	EXP		
	DATE PLACED	ADM BY	SITE	DATE READ	READ BY	RESULTS mm
<input type="checkbox"/>	Previous Negative TST/IGRA		DATE	RESULT		
<input type="checkbox"/>	Previous Positive TST/IGRA		DATE	RESULT		
<input type="checkbox"/>	CXR	<input type="checkbox"/> positive s/s	<input type="checkbox"/> conversion	<input type="checkbox"/> immunocompromised/other high risk for TB		
<input type="checkbox"/>	DATE	RESULT				
<input type="checkbox"/>	R/O Active Disease, removed from assignment referred to work comp					
<input type="checkbox"/>	Workforce Member instructed to follow-up for 8-10 weeks evaluation or if (+) s/s of TB					
COMMENTS						
EMPLOYEE HEALTH SIGNATURE/TITLE				DATE	TIME	

EMPLOYEE HEALTH TO COMPLETE

TUBERCULIN SKIN TEST RECORD						
0.1 ml of 5 tuberculin units (TU) purified protein derivative (PPD) antigen intradermal						
1	MANUFACTURER		LOT #	EXP		
	DATE PLACED	ADM BY	SITE	DATE READ	READ BY	RESULTS mm
2	MANUFACTURER		LOT #	EXP		
	DATE PLACED	ADM BY	SITE	DATE READ	READ BY	RESULTS mm
<input type="checkbox"/>	Previous Negative TST/IGRA		DATE	RESULT		
<input type="checkbox"/>	Previous Positive TST/IGRA		DATE	RESULT		
<input type="checkbox"/>	CXR	<input type="checkbox"/> positive s/s	<input type="checkbox"/> conversion	<input type="checkbox"/> immunocompromised/other high risk for TB		
<input type="checkbox"/>	DATE	RESULT				
<input type="checkbox"/>	R/O Active Disease, removed from assignment and referred to work comp					
<input type="checkbox"/>	No changes in TB s/s or high risk factors at 3 month follow up <input type="checkbox"/> Case closed					
COMMENTS						
EMPLOYEE HEALTH SIGNATURE				DATE	TIME	