TEMPLATE: Customize as needed

05/2022

# Serial TB Screening Tool for Health Care Personnel (HCPs)

Date form completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name, first name, middle initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Baseline TB screening includes ALL three components:**

1. Assessing for current symptoms of active TB disease
2. Assessing the individual’s TB risk factors and TB history
3. Testing for the presence of infection with *Mycobacterium tuberculosis* by administering either a single TB blood test (IGRA) *or* a single-step TST.

## Symptoms of active TB disease

(check all that are present)

Coughing (> 3 weeks)

Chest pain

Fatigue

☐ Night sweats

☐ Coughing up blood

Weight loss/poor appetite

Fever/chills

*Note:* If TB symptoms are present, promptly refer HCP for a chest X-ray and medical evaluation. Do not wait for the TST or TB blood test result.

## HCP’s TB history

**Ever had a positive reaction to a TB skin test or TB blood test?**

Yes No

If yes: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of millimeters of induration: \_\_\_\_\_\_mm

**Had a TB skin test in the past 12 months?**

Yes No

If yes: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of millimeters of induration \_\_\_\_\_\_ mm

Result\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Had the vaccine series for COVID-19?** Yes No Comments: \_\_\_\_\_\_\_\_\_\_\_\_

**Had the BCG vaccine?** Yes No Comments: \_\_\_\_\_\_\_\_\_\_\_\_

**Treated for latent TB infection?** Yes No Comments: \_\_\_\_\_\_\_\_\_\_\_\_

**Treated for active TB disease?** Yes No Comments: \_\_\_\_\_\_\_\_\_\_\_\_

**Severe adverse reaction to a TB skin test?** Yes No Comments: \_\_\_\_\_\_\_\_\_\_\_\_

**Live-virus vaccine within the past 6 weeks?** Yes No Comments: \_\_\_\_\_\_\_\_\_\_\_\_

TB Blood Test

**Name of TB blood test**  QuantiFERON TB-Gold  QuantiFERON-TB-Gold InTube  T-SPOT

**Date of blood draw:** \_\_\_\_\_\_\_\_\_\_\_\_

**Interpretation of reading**  Positive\*  Negative  Indeterminate

**Laboratory results:** \_\_\_\_\_\_\_\_\_\_\_\_

\*Refer HCP for a chest x-ray and medical examination to rule out active infectious TB disease.

Tuberculin skin testing (TST)

**TST – Single Step**

**Administration**

Name of person administering test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and time administered: \_\_\_\_\_\_\_

Location of administration:  L forearm  R forearm  Other: \_\_\_\_\_\_\_

Tuberculin manufacturer: \_\_\_\_\_\_\_

Tuberculin expiration date and lot #: \_\_\_\_\_\_\_

Signature of person who administered test: \_\_\_\_\_\_\_

**Results** (read between 48-72 hours)

Date and time read: \_\_\_\_\_\_\_

Number of mm of induration (across forearm): \_\_mm

Interpretation of reading\*:  Positive\*\*  Negative

Reader’s signature: \_\_\_\_\_\_\_

\*Consult grid at <https://www.health.state.mn.us/diseases/tb/candidates>   
\*\* Refer HCP for a chest x-ray to rule out active TB disease.

Adapted from materials produced by the Global TB Institute and the Francis J. Curry National TB Center.