

# TRU Community Care TB TESTING AND RESULTS

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Job Title (staff or volunteer)

Please answer a few questions before taking your PPD TB skin test. The purpose of these questions is to prevent an adverse reaction to the test.

- | YES      | NO    | NA    |   |
|----------|-------|-------|---|
| 1. _____ | _____ | _____ | Have you ever had a positive TB skin test?  |
| 2. _____ | _____ | _____ | Have you ever been told not to take a TB skin test because you are allergic to the product it is made of?   |
| 3. _____ | _____ | _____ | Have you ever had a BCG vaccine?  |
| 4. _____ | _____ | _____ | Are you taking / have you taken any systemic steroid (cortisone or prednisone) medication in the past month?  |
| 5. _____ | _____ | _____ | Is there any chance you may be pregnant? (TB testing is not contraindicated in pregnancy.)  |
| 6. _____ | _____ | _____ | Have you had any symptoms such as a productive, prolonged cough (over 3 weeks duration), fever, chills, night sweats, severe fatigue, loss of appetite, weight loss, blood in sputum? |

If you answered yes to questions 1, 2, and/or 3, when was the date of your most recent chest x-ray? \_\_\_\_\_

\_\_\_\_\_  
Employee/Volunteer Signature

\_\_\_\_\_  
Date

**STEP 1**

Tubersol      Dose 0.1 ml                      PPD Lot# \_\_\_\_\_      Exp Date \_\_\_\_\_  
 Date/Time test given \_\_\_\_\_      Date/Time to be read \_\_\_\_\_  
 L or R arm: \_\_\_\_\_      Signature of person giving test \_\_\_\_\_  
 RESULTS: Date \_\_\_\_\_      Signature of person checking site \_\_\_\_\_

\_\_\_\_\_      Negative: No reaction and induration less than 10mm diameter

\_\_\_\_\_      Positive: Induration over 10mm (measure hardness not redness). Report to physician for further testing.

**STEP 2**

Tubersol      Dose 0.1 ml                      PPD Lot# \_\_\_\_\_      Exp Date \_\_\_\_\_  
 Date/Time test given \_\_\_\_\_      Date/Time to be read \_\_\_\_\_  
 L or R arm: \_\_\_\_\_      Signature of person giving test \_\_\_\_\_  
 RESULTS: Date \_\_\_\_\_      Signature of person checking site \_\_\_\_\_

\_\_\_\_\_      Negative: No reaction and induration less than 10mm diameter

\_\_\_\_\_      Positive: Induration over 10mm (measure hardness not redness). Report to physician for further testing.