



TUBERCULOSIS TEST FORM

Patient Name: _____ DOB: _____

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:** _____