

Screening Questionnaire and Consent for Tuberculosis Skin Test

Information about the TB skin test

A TB skin test may show if you have been exposed to TB and developed TB infection in your body. A small needle is used to place tuberculin just under the skin and usually on the forearm. The Tuberculin is fully purified with no active proteins and is safe for testing all ages, including young children & pregnant women.

You will need to return to this clinic in 2 to 3 days for a clinician to look for a reaction on your arm. If there is a reaction showing a raised area at the site, it will be measured. *A reaction usually means TB infection and does not mean you have TB disease.* Further tests such as a chest X-ray are needed to check for TB disease.

After placing the TB test, some people may develop slight redness on the skin surrounding the area. This is common and **not** a positive reaction. Unusual reactions to the TB test are rare. Occasionally people who have sensitivities or allergies to the test may have swelling or blisters around the area of the test.

TB screening involves a TB test and a review of individual risk factors and current symptoms. We need specific information about your background and medical history in order to accurately screen for TB.

Please check Yes or No to each question below. If a question is not clear, please ask for assistance.

1. SYMPTOMS: Check Yes or No for any current symptoms without other known cause

Yes	No	For how long?	Yes	No	For how long?
<input type="checkbox"/>	<input type="checkbox"/>	_____ Current cough of 3 weeks or more	<input type="checkbox"/>	<input type="checkbox"/>	_____ Drenching Night Sweats
<input type="checkbox"/>	<input type="checkbox"/>	_____ Coughing up blood	<input type="checkbox"/>	<input type="checkbox"/>	_____ Persistent Fatigue/Malaise
<input type="checkbox"/>	<input type="checkbox"/>	_____ Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____ Chest Pain
<input type="checkbox"/>	<input type="checkbox"/>	_____ Weight Loss	<input type="checkbox"/>	<input type="checkbox"/>	_____ Do you smoke?

	YES	NO
2. Have you ever had a TB skin test?	_____	_____
If yes, was test in the last 12 months? (<i>can use as 1st step if documented</i>)	_____	_____
3. Have you ever had a positive reaction to a TB test?	_____	_____
(retest not needed if past record available)		
4. Have you ever had TB disease?	_____	_____
5. Were you born outside of the United States?	_____	_____
If yes, list Country: _____ Age on arrival in U.S.? _____		
Did you receive BCG vaccine as a child? (Leaves scar on shoulder)	_____	_____
6. Have you had any of the following vaccines (shots) in the past 4 weeks:	_____	_____
Flu mist, MMR, varicella, MMRV? (Delay testing for 4 weeks)		
7. Have you ever fainted when getting a shot or having blood drawn?	_____	_____
8. Do you have any medical condition that affects your immune system such as cancer, leukemia, kidney disease, HIV infection, or other ?	_____	_____
9. Are you taking any of these medicines?	YES _____	NO _____

These medications may affect accuracy of results. (See table page 2 from MMWR vol.54)

Steroids: cortisone or prednisone	If yes, dose per day? _____ (mg)	How long? _____ (months)
Biologics: Enbrel, Humira, Remicade, Stelara or others		How long? _____
Chemotherapy/Other immune suppressive treatment		List _____

Signature of nurse reviewing this form _____

BOX 5. Factors affecting treatment decisions during the medical and diagnostic evaluation, by tuberculin skin test (TST) result

TST result ≥ 5 mm is positive	TST result ≥ 10 mm is positive	TST result ≥ 15 mm is positive*
<ul style="list-style-type: none"> • Persons infected with HIV[†] • Recent contacts of a person with tuberculosis (TB) disease • Persons with fibrotic changes on chest radiograph consistent with previous TB disease • Organ transplant recipients and other immunosuppressed persons (e.g., persons receiving ≥ 15 mg/day of prednisone for ≥ 1 month)[§] • TB suspects[¶] 	<ul style="list-style-type: none"> • Recent immigrants (i.e., within the previous 5 years) from countries with a high incidence of TB disease • Persons who inject illicit drugs • Residents and employees (including health-care workers [HCWs])** of the following congregate settings <ul style="list-style-type: none"> — hospitals and other health-care facilities — long-term-care facilities (e.g., hospices and skilled nursing facilities) — residential facilities for patients with AIDS^{††} or other immunocompromising conditions — correctional facilities — homeless shelters • Mycobacteriology laboratory personnel • Persons with any of the following clinical conditions or immunocompromising conditions that place them at high risk for TB disease <ul style="list-style-type: none"> — diabetes mellitus — silicosis — chronic renal failure — certain hematologic disorders (e.g., leukemias and lymphomas) — other specific malignancies (e.g., carcinoma of the head, neck, or lung) — unexplained weight loss of $\geq 10\%$ of ideal body weight — gastrectomy — jejunioileal bypass • Persons living in areas with high incidence of TB disease • Children aged <4 years • Infants, children, and adolescents exposed to adults at high risk for developing TB disease • Locally identified groups at high risk 	<ul style="list-style-type: none"> • Persons with no known risk factors for TB disease • HCWs who are otherwise at low risk for TB disease and who received baseline testing at the beginning of employment as part of a TB screening program**

* TST results ≥ 15 mm is positive in anyone. These persons should receive a symptom screen and do not need be tested again. They should be evaluated for TB disease, and if disease is excluded, they should be offered treatment for latent TB infection (LTBI) if they have no contraindication to treatment.

† Human immunodeficiency virus.

§ The risk for TB disease in persons treated with corticosteroids increases with higher doses and longer duration of corticosteroid use.

¶ Persons with suspected TB disease can be treated based on the medical and diagnostic evaluation, regardless of the TST results.

** For HCWs who are otherwise at low risk for LTBI and progression to TB disease if infected and who received baseline testing at the beginning of employment as part of a TB infection-control screening program, a TST result of ≥ 15 mm (instead of ≥ 10 mm) is considered to be positive. Although a result of ≥ 10 mm on baseline or follow-up testing is considered a positive result for HCWs for the purposes of referral for medical and diagnostic evaluation, if the TST result is 10–14 mm on baseline or follow-up testing, the referring clinician might not recommend treatment of LTBI. **SOURCE:** Marsh BJ, SanVicente J, vonReyn F. Utility of dual skin tests to evaluate tuberculin skin test reactions of 10 to 14 mm in health-care workers. *Infect Control Hosp Epidemiol* 2003;24:821–4.

†† Acquired immunodeficiency syndrome.