



Tuberculosis Screening Form:

To be completed by a physician or public health department.

Name: _____ Date: _____ Date of Birth: _____

If you've had a history of past positive PPD, please proceed directly to #2

1. Report of TB Skin Test: (PPD/Mantoux) Within the past 12 months

Date Administered: _____ Date Read: _____

Result: _____ mm induration Negative/Positive

*For a reference for interpretation of mm induration reads please visit <http://www.cdc.gov/tb/pubs/tbfactsheets/skintesting.htm>

2. Report of Positive TB (PPD) Skin test:

Date Administered: _____ Result: _____ mm

Please provide one of the following :

Chest X-Ray

QuantiFERON Gold or T-Spot Test
(interferon gamma release assay blood testing)

Date of X-ray: _____

Date of blood test: _____

Result: Normal / Abnormal
(please circle one)

Result: Positive / Negative
(please circle one)

*Abnormal denotes signs consistent with active or old TB. If abnormal, please include radiology report and proceed directly to #4.

If positive: Chest X-ray is required and therapy is recommended.

If negative: No X-ray or therapy required, proceed directly to signature portion of form.

If Chest X-ray is over 12 months old please proceed to #3.

3. Chest X-rays over 12 months old:

If last Chest X-ray did not show evidence of active TB, have there been any NEW risks for TB exposure since? (circle one)

Yes / No If Yes, what risks? _____

If Yes, can you verify that a subsequent Chest X-ray was performed which did not show evidence of active TB? (circle one)

Yes / No If Yes, please provide date if known: _____

4. Treatment of Active or Latent TB Infection: (if applicable)

Has this patient completed treatment for active or latent TB infection?
(circle one)

Yes / No

If Yes, please give details:

Authorized Signature:

Physician/Health Department (print name) _____

Authorized Signature: _____

Address/ Telephone: _____

Additional Information regarding TB testing criteria and procedures is available at the Center for Disease Control Website <http://www.cdc.gov/vaccines/vpd-vac/tb/default.htm>