



**BLACK RIVER
MEDICAL CENTER**

Annual EMPLOYEE HEALTH PPD/TB SCREENING

Please take this form to the In-Patient Nurses Station and they will be happy to assist you with your screening. Then Return Form To Human Resources. Thank you!

Name: _____

Current Date: _____

Department: _____

Employee Number: _____

1. Have you ever had a positive PPD/TB Test? NO YES

If you answered YES to #1:

Are you positive for TB on lab testing (Quantiferon Gold)? NO Yes _____

Have you had a negative CXR since becoming positive for TB? NO Yes _____

Have you completed the recommended treatment for TB? NO Yes _____

2. Are you taking antibiotics, steroids or immunosuppressive drugs? Are you immunosuppressed? No Yes

3. Do you work in a department that is exempt from the PPD? NO Yes

If you answered YES to #1, #2 or #3:

Do you have the following symptoms?

Cough lasting longer than 3 weeks No Yes/Explain _____

Unexplained fever No Yes/Explain _____

Night sweats No Yes/Explain _____

Unexplained weight loss No Yes/Explain _____

Coughing up blood No Yes/Explain _____

Chest Pain No Yes/Explain _____

Employee Signature: _____

Date: _____

Reason for TB Screening Annual Exposure New Hire Volunteer

5 TU PPD (0.1 ml) Administered to Right Left Forearm Lot# _____

Given by _____ Date _____

Reading at 48 hours: _____ mm of indurations

Reading at 78 hours: _____ mm of indurations

Read by _____ Date _____

____ Exempt Department---PPD Waived: Yes No **(No direct face-to-face patient interaction)**

____ New Hire ---Quantiferon Gold

____ Positive PPD/Questionable PPD/Adverse reaction (circle one) --- Quantiferon Gold

____ Pregnant with MD Statement to omit PPD skin test---Quantiferon Gold

____ Antibiotics/Steroids/Immunosuppressant's (circle one) ---Quantiferon Gold

____ Indeterminate Quantiferon Gold---Annual TB Screening Form

Date Quantiferon ordered _____ Results: positive negative

Date CXR ordered _____ Results: _____

F/U: _____

Nurse Signature _____

Date _____

IF YOU HAVE ALREADY HAD A PPD/TB TEST THIS YEAR PLEASE PROVIDE A COPY OF SHOT RECORD TO HUMAN RESOURCES