

UCSF Medical Center

Occupational Health Services

1600 Divisadero Street, Box 1661, San Francisco, CA 94115
 P: (415) 885-7580 F: (415) 353-7769 or (415) 771-4472

TUBERCULOSIS SCREENING AND TESTING FORM

Last Name: _____	First Name: _____
Date of Birth: ____ / ____ / _____	Employee ID#: _____
Home Phone #: _____	Work Phone #: _____
Job Title: _____ (i.e. RN, Admin. Asst.)	Department: _____ (i.e. Nursing, ACC, Radiology)

Employee Status: Medical Center Staff Resident/Attending MD Volunteer Traveler Campus
Purpose of test (check one): New Hire Annual Exposure

Answer all questions below:

1. History or positive reaction to TB skin test (TST)? Yes No
 - a. If yes, did you receive treatment? Yes No
 - b. Type of medication taken: _____
2. Country of birth: _____ Date of Immigration: _____
3. Have you traveled out of the U.S. in the last year? Yes No
4. Have you been told by a health clinician that your immune system is compromised?
 (This may affect the results of your TB test.) Yes No
5. Since your last TB skin test, have you had any of the following symptoms for more than three weeks at a time?

<input type="checkbox"/> No symptoms	<input type="checkbox"/> Excessive fatigue	<input type="checkbox"/> Excessive weight loss	<input type="checkbox"/> Persistent coughing
<input type="checkbox"/> Excessive sweating at night	<input type="checkbox"/> Persistent fever	<input type="checkbox"/> Coughing up blood	
6. In the past year have you had trouble wearing an N95 respirator (TB Mask)? Yes No
7. In the past year have there been any changes in your health that interfere with wearing an N95? Yes No

Important: HIV infection and other medical conditions may cause a TB skin test to be negative even when TB infection is present.

Do not write below this line – to be completed by Occupational Health Services/Designated Reader

Provider's Order

I authorize the nurse to administer a TB Skin Test (Tubersol 0.1 intradermal) for pre-placement evaluation, annual TB screening and post-exposure screening during the 2009 calendar year.
 Robert Kosnik MD (signature on file) 1/01/09 • Medical Director, Occupational Health Services

- **Employees with any swelling or redness at the site must be referred to Occupational Health Services the same day.**
- Only a TST in which there is no reaction can be read by designated readers.
- Only the following are designated to read a TST: Administrative Nurses, Advanced Practice Nurses, Respiratory Therapy Supervisors and Attending Physicians.
- **Fax completed form (white) to Occupational Health Services (415) 353-7769 or (415) 771-4472**

Date applied	Site RA/LA	Lot# & Exp. Date	Name/Title of placer	Date Read	mm induration

- Employee has reaction at site and has been directed to Occupational Health Services for same day evaluation
OR
 Employee has completed all required steps for TB testing. Remember to have employee fax form to OHS if read by designated reader. Please separate form and give yellow copy to the employee. This is to be given to the employee's manager.

 Print name and title of reader

 Signature of reader

 Date