Baseline TB Screening Tool for Health Care Personnel (HCPs)

Lubelan, Samantha, J
Last name, first name, middle initial

3/24/25
Date form completed

Rose City
Location

1/26/1990
Date of birth

(989) 239 4709
Work phone number

Baseline TB screening includes three components:

(1) Assessing for current symptoms of active TB disease
and
(2) Assessing HCP's history
and
(3) Testing for the presence of infection with *Mycobacterium tuberculosis* by administering either a single TB blood test *or* a two-step TST.

Symptoms of active TB disease (circle all that are present)

Coughing (>3 weeks)	Chest pain	Fatigue
Night sweats	Coughing up blood	No symptoms present
Weight loss/poor appetite	Fever/chills	

Note: If TB symptoms are present, promptly refer HCP for a chest X-ray and medical evaluation before starting work. Do not wait for the TST or TB blood test result.

HCP's history (circle response)

Have you ever had a positive reaction to a TB skin test or TB blood test? Yes (No)
If yes: Date_____ Number of millimeters of induration _____

Have you had a TB skin test in the past 12 months? Yes (No)
If yes: Date_____ Number of millimeters of induration _____ Result _____

HCP is considered at increased risk for TB if any of the following questions are answered affirmatively ("Yes"):

1. Have you had temporary or permanent residence greater than or equal to one month in a country (any country other than the United States, Canada, Australia, New Zealand, and those in Northern or Western Europe) with a high TB rate?

   Yes (No)

   Comments:

2. Do you have current or planned immunosuppression? (This includes human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone >15 mg/day for >1 month) or other immunosuppressive medication.)

   Yes (No)

   Comments:

3. Have you had close contact with someone who has had infectious TB disease since their last TB test?

   Yes (No)

   Comments:

Additional Questions

		Comments
Have you ever had the BCG vaccine?	Yes (No)	
Have you ever been treated for latent TB infection?	Yes (No)	
Have you ever been treated for active TB disease?	Yes (No)	
Have you ever had an adverse reaction to a TB skin test?	Yes (No)	
Have you received a live-virus vaccine within the past 6 weeks?	Yes (No)	

TB Blood Test

Name of TB blood test (circle)	QuantiFERON TB-Gold QuantiFERON-TB-Gold InTube T-SPOT
Date of blood draw	
Results	
Interpretation of reading (circle)	Positive* Negative Indeterminate
Laboratory	

*Refer HCP for a chest x-ray and medical examination to rule out active infectious TB disease

Tuberculin skin testing (TST)

	TST – First Step	TST – Second Step
Administration		
Name of person administering test	Robert Farley	Sarah Preston
Date and time administered	3/25/25 1302	4/7/25 1045
Location (circle)	(L forearm) R forearm Other:_____	L forearm (R forearm) Other:_____
Tuberculin manufacturer	Aplisol	Aplisol
Tuberculin expiration date and lot #	9/2024 83821	9/2024 83821
Signature of person who administered test	RF	SP
Results (read between 48-72 hours)		
Date and time read:	3/27/25 1330	4/9/25 1125
Number of mm of induration: (**across** forearm)	0 mm	0 mm
Interpretation of reading* (circle)	Positive** (Negative***)	Positive** (Negative)
Reader's signature	Robert Motley RN	PS RN

*Consult grid at www.health.state.mn.us/divs/idepc/diseases/tb/candidates.pdf
** Refer HCP for a chest x-ray to rule out active TB disease
*** If results are negative, perform the second step in one to three weeks