



HEALTH AND PUBLIC SERVICES DEPARTMENT - RECORD OF TB TESTING

Complete the information below. (Please print.)

Last name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_ DMACC ID \_\_\_\_\_ Program \_\_\_\_\_ Campus \_\_\_\_\_

This section must be completed and signed by your physician (or designee.)

Tuberculin Test:

Indicate your status (check one): Nurse Aide 75 Hour student \_\_\_\_\_ Advanced Nurse Aide student \_\_\_\_\_

- If using 2-step PPD Skin Test by Mantoux (NOT TINE): a time period of more than 7 days but less than 1 year will be needed between TB skin test #1 and #2. Induration greater than 10.0 mm requires chest X-ray and prophylactic treatment consideration. Thereafter, an annual TB test (single step only) will be required.
- Quantiferon Gold blood test or T-spot TB blood test will also be acceptable and must be done annually. Documentation of lab results required.

TB TEST	Date Placed mm/dd/yy Signature of Administrator	Date Read mm/dd/yy	Results in mm Induration*	Signature of Reader
#1 test Indicate test type:				
#2 test (if using 2-step PPD Skin Test)				

\*If POSITIVE Test (equal to or greater than 10 mm) complete the following:

	Date of Chest X-ray	Chest X-ray Results
Chest X-ray		Copy of signed Chest X-ray report required.
Is treatment plan indicated? Check one:  <input type="checkbox"/> Yes  <input type="checkbox"/> No	If treatment plan is indicated, please describe below:	

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Physician (or designee) \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

**Center for Disease Control and Iowa Department of Public Health Guidelines/Recommendations for Interpreting TB Skin Tests**

Excerpted from CDC's Chapter 3: Testing for Tuberculosis Infection and Disease, page 54.

**Table 3.2 Interpreting the TST Reaction**

<b>5 or more millimeters</b>	<b>10 or more millimeters</b>	<b>15 or more millimeters</b>
<p>An induration of <b>5 or more millimeters</b> is considered positive for</p> <ul style="list-style-type: none"> <li>• HIV-infected persons</li> <li>• Recent contacts of persons with infectious TB</li> <li>• People who have fibrotic changes on a chest radiograph</li> <li>• Patients with organ transplants and other immunosuppressed patients (including patients taking a prolonged course of oral or intravenous corticosteroids or TNF-<math>\alpha</math> antagonists)</li> </ul>	<p>An induration of <b>10 or more millimeters</b> is considered positive for</p> <ul style="list-style-type: none"> <li>• People who have come to the United States within the last 5 years from areas of the world where TB is common (for example, Asia, Africa, Eastern Europe, Russia, or Latin America)</li> <li>• Injection drug users</li> <li>• Mycobacteriology lab workers</li> <li>• People who live or work in high-risk congregate settings (hospitals, long-term care, homeless shelters and correctional facilities)</li> <li>• People with certain medical conditions that place them at high risk for TB (silicosis, diabetes mellitus, severe kidney disease, certain types of cancer, and certain intestinal conditions)</li> <li>• Children younger than 5 years of age</li> <li>• Infants, children, and adolescents exposed to adults in high-risk categories</li> </ul>	<p>An induration of <b>15 or more millimeters</b> is considered positive for</p> <ul style="list-style-type: none"> <li>• People with no known risk factors for TB</li> </ul>