

**ADULT CORRECTIONAL HEALTH  
TB SCREENING AND TESTING VERIFICATION**

**SECTION 1 – EMPLOYEE COMPLETES**

Employee Name: \_\_\_\_\_ Facility: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

In addition to skin testing, monitoring for symptoms is an effective method of detecting active TB. Please answer all questions below. Note: If you have a positive skin test it generally means that you have been infected with the tuberculosis bacteria at some time during your life. It does not mean you have active tuberculosis disease now.

Questionnaire

Do you have a positive skin test history?                    \_\_\_ Yes                    \_\_\_ No

Have you ever been treated for tuberculosis?                    \_\_\_ Yes                    \_\_\_ No

Do you have these signs or symptoms?

|  |                                   |
|--|-----------------------------------|
| Cough lasting at least 3 weeks? ___ Yes ___ No | Loss of appetite? ___ Yes ___ No  |
| Weight loss without dieting? ___ Yes ___ No    | Coughing up blood? ___ Yes ___ No |
| Persistent fever/chills? ___ Yes ___ No        | Tire easily? ___ Yes ___ No       |
| Night sweats? ___ Yes ___ No                   | Chest pain? ___ Yes ___ No        |

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 2 – RN TESTING STAFF COMPLETES**

Skin Test Information

RN Name/License: \_\_\_\_\_

Date/time Administered: \_\_\_\_\_

Arm on which Administered: \_\_\_\_\_

Manufacturer of PPD Solution: \_\_\_\_\_

Expiration Date of PPD Solution: \_\_\_\_\_ Lot #: \_\_\_\_\_

Results

Date/time of Reading: \_\_\_\_\_ Induration: \_\_\_\_\_ mm

Comments and Adverse Reaction(s), if any: \_\_\_\_\_

Printed Name/License of Reader: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_