

HEALTH AND PUBLIC SERVICES DEPARTMENT RECORD OF TB TESTING

## Complete the information below completely. (Please print)

Last Name		First Name	Middle Initial			
Date of Birth	_ DMACC ID #	Program	Campus			
Yearly TB testing is now required of health care workers in cooperating agencies. Nurse Aide students must have this						
completed before registerin	g for classes.					

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

- <u>If using 2-step PPD Skin Test</u> 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.
- <u>Quantiferon Gold blood test or T-spot TB blood test</u> will also be acceptable and <u>must be done annually</u>. Documentation of lab results required.

TB SKIN TEST	Date Placed mm/dd/yy Include time, site and signature of administrator	Date Read mm/dd/yy Include time	Results in mm induration*	Signature of reader	
#1 TB skin test					
#2 TB skin test					
*If POSITIVE Test complete the following:					
	Date of Chest X-Ray C	Chest X-Ray results			
Chest X-Ray	с	Copy of signed Chest x-ray report required			
Is treatment	If treatment plan is indicated please describe below.				
plan indicated? Check one:					
🗆 Yes					
🗆 No					

Date

Signature of Physician (or designee)

Phone

Address

City/State/Zip

## Centers 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.

5 or more millimeters	10 or more millimeters	15 or more millimeters
An induration of <b>5 or more</b> <b>millimeters</b> is considered positive for	An induration of <b>10 or more</b> <b>millimeters</b> is considered positive for	An induration of <b>15 or more</b> millimeters is considered positive for
<ul> <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-α antagonists)</li> </ul>	<ul> <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>	People with no known risk factors for TB

## **Table 3.2 Interpreting the TST Reaction**