

Screening of Tuberculosis/Vaccine Preventable Diseases

MSH ____ (11/07)

Confidential Medical Information

Instructions: Tuberculosis (TB) screening must be performed by a licensed health care provider whose legally authorized scope of practice allows them to conduct medial examinations and or tuberculin skin test in accordance with the recommendations of the Centers for Disease Control and Prevention to determine if a person has latent TB infection or TB disease.

1. Employee **Non employee** **Complete the following section. Type or print clearly**

First	MI	Last	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Birthdate	Last 6 digits of social security number	<input type="checkbox"/> annual <input type="checkbox"/> new employee <input type="checkbox"/> non employee TB screening	

Health Care Provider (complete sections 2-6 as required-refer to the instructions on reverse side of form)

2 Prior TST/TB History

Note: Non employees attach documentation of prior history

Prior Significant TB skin test If yes, date _____ Induration: _____mm	Treated for latent TB infection <input type="checkbox"/> yes <input type="checkbox"/> no	Prior TB disease <input type="checkbox"/> no <input type="checkbox"/> yes if yes, date _____
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Notice: HIV and other medical conditions may cause a TST to be negative when it is really positive

3. TST Administration

Name	lot #	Expiration date	TST given by (print name and sign name)	Date
			TST read by (print name and sign name)	Date

Injection site <input type="checkbox"/> left forearm <input type="checkbox"/> right forearm	Interpretation <input type="checkbox"/> significant <input type="checkbox"/> non-significant	Result (mm induration)
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Name	lot #	Expiration date	TST given by (print name and sign name)	Date
			TST read by (print name & sign name)	Date

Injection site <input type="checkbox"/> left forearm <input type="checkbox"/> right forearm	Interpretation <input type="checkbox"/> significant <input type="checkbox"/> non-significant	Result (mm induration)
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4. Evaluation for signs and symptoms (must be completed by all persons)

<input type="checkbox"/> No symptoms	Symptoms (check all that apply) Date _____ <input type="checkbox"/> persistent cough (>2 wks) <input type="checkbox"/> weight loss (unexplained) <input type="checkbox"/> unexplained fatigue <input type="checkbox"/> unexplained night sweats <input type="checkbox"/> unexplained fever <input type="checkbox"/> loss of appetite
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5. Chest X-Ray

<input type="checkbox"/> CXR needed <input type="checkbox"/> CXR report on file (copy required)	CXR Result: <input type="checkbox"/> Negative <input type="checkbox"/> Abnormal Consistent with TB <input type="checkbox"/> Yes <input type="checkbox"/> No
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6. Comments referred for follow up medical evaluation provided written notification of TST results no show

7. TB cleared Varicella cleared

Evaluator Name (print)	Evaluator Signature	Date
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Notice to Private Physicians
Confidential Health Information

The Joint Commission and the California Department of Health Services require that employees and non employees who work or train at Metropolitan State Hospital have an initial, annual, and as necessary a Mantoux tuberculin skin test (TST) or an evaluation for signs and symptoms of tuberculosis. The testing must occur as instructed below. Employees and non-employees also need to have documentation of immunity against varicella.

Definitions

1. Induration: swelling or raised skin. Measure only the induration; do not measure redness if present
2. Mantoux test: intradermal injection of 0.1 milliliters of purified protein derivative
3. Prior TST: a mantoux TST that is documented and dated: results are written in millimeters
4. Insignificant TST: induration <10 mm if new or <5mm if contact or known immunocompromised
5. Significant TST: induration equal to or greater than 10mm or ≥ 5 mm if contact or known immunocompromised

Instructions to employees

1. Complete all the items in section 1
2. Be sure the information you provide is accurate and complete

Instructions Health care providers: all boxes must be completely filled in
Section 2:

1. If prior TST results are available, the employee or health care provider must provide written documentation including
2. If an individual claims to have a prior positive TST, but cannot provide appropriate documentation, a TST must be administered. If the TST is positive, a medical evaluation and a CXR are needed to rule out active TB disease.
3. The health care provider evaluating for TB signs and symptoms must sign and date the form in the space provided at the bottom of the form.

Section 3: Complete all sections

Section 4: Complete evaluation for all employees regardless of TST result

Section 5: Complete for persons with positive TST. If CXR done at outside facility, attach copy of CXR report

Section 6: Complete as needed

Section 7: Evaluator must check if the employee is TB cleared. Once the employee is TB cleared, sign and date the form. After the form is completed, give a copy to the employee. For new employees, the employee is not cleared until after the second step. Unit non-employees need documentation of immunity to varicella, either physician's note, serology results, or vaccination record.

Other Instructions

1. Tine test is not an acceptable skin test to determine exposure to the TB bacillus
2. A CXR is an unacceptable screening method for detecting TB infection
3. Mantoux TST is the only acceptable screening method for detecting TB infection
4. The process for administering evaluation and documenting the Mantoux TST are
 - Must be given intradermally
 - Must be interpreted by a qualified HCP
 - Results must be documented in mm of induration