**Assessment/Consent for Tuberculin (TB) Skin Testing**

**Client Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name (last, first, middle initial) | | | |
| Date of Birth (mm/dd/yyyy) | | Alias: | |
| Gender:  ☐ Male ☐ Female ☐ \_\_\_\_\_\_\_\_\_\_\_ | | Country of Birth / Date of Arrival: | Phone: |
| Current Street Address | Apt. No. | City | Zip Code |
| Primary Care Provider | | | |

**Assessment Questionnaire**

|  |  |  |
| --- | --- | --- |
| Reason for TB Skin Test today: | | |
| Have you ever been in contact with someone with active TB disease? | | ☐ Yes  ☐ No |
| Have you had a TB Skin or TB Blood test in the past? | | ☐ Yes  ☐ No |
| Have you ever received treatment for TB? | | ☐ Yes  ☐ No |
| Have you had an adverse reaction to a TB Skin Test? | | ☐ Yes  ☐ No |
| Have you had any recent persistent cough, fever/chills, night sweats, unexplained weight loss, chest pain/shortness of breath, or coughing up blood? | | ☐ Yes  ☐ No |
| Please list any medical conditions: | |  |
| Please list recent or current medications or treatments: | |  |
| Have you ever been told that you are immunocompromised? | | ☐ Yes  ☐ No |
| Have you received any vaccine/s in the past four to six weeks? If yes, what vaccine/s? | | ☐ Yes  ☐ No |
| Have you ever received the BCG (TB) vaccine? | | ☐ Yes  ☐ No |
| Can you return in 48 to 72 hours to have the test read? | | ☐ Yes  ☐ No |
| Please read and sign the following:  I have read, or have had explained to me in a language and a way that I understand, the information about the Tuberculin Skin Test. I have had a chance to ask questions which were answered to my satisfaction. I agree to return in 48 to 72 hours to have the test read. I understand the benefits and risks of the test and request that the test be given to me or to the person named above for whom I am authorized to give consent. | | |
| Signature of Client / Parent or Guardian | Date | |

# **Tuberculin Skin Test Record**

# **Client Information**

|  |  |
| --- | --- |
| Name (last, first, middle initial) | |
| Date of Birth (mm/dd/yyyy) |  |

**Test One**

|  |  |  |
| --- | --- | --- |
| Manufacturer: | Lot Number #: | |
| Manufacturer Expiration Date: | Date vial opened: | |
| Test Application Date: | Test Application Time: | Injection Site:  ☐ Left ☐ Right |
| Signature/Title of person placing the skin test: | |  |
| Test Read Date: | Test Read Time: | Induration:  mm |
| Results based on risk factors: | | |
| Signature/Title of person reading & interpreting skin test: | | |
| Notes: | | |
|  | | |

**Test Two**

|  |  |  |
| --- | --- | --- |
| Manufacturer: | Lot Number #: | |
| Manufacturer Expiration Date: | Date vial opened: | |
| Test Application Date: | Test Application Time: | Injection Site:  ☐ Left ☐ Right |
| Signature/Title of person placing the skin test: | |  |
| Test Read Date: | Test Read Time: | Induration:  mm |
| Results based on risk factors: | | |
| Signature/Title of person reading & interpreting skin test: | | |
| Notes: | | |
|  | | |