**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**

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| --- |
| 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: |
|  |