



career training

MANDATORY TUBERCULOSIS SCREENING FORM

Name: _____ **Date of Birth:** _____

Have you ever been sick with tuberculosis?

- Yes
- No

Have you ever had a positive PPD, TB QuantiFeron Gold test or chest x- ray?

- Yes
- No

Do any of the following conditions or situations apply to you? (Check if apply)

- Persistent cough (3 weeks or more)
- Night sweats
- Fatigue
- Loss of appetite
- Weight loss
- Have you lived in close contact to a person known of being sick with TB

If PPD results are positive (results 10mm or greater) or QuantiFeron Gold are positive a chest x-ray is required. The chest x-ray must be done no more than within two calendar years prior to admission.

PPD: Step 1 LOT# _____ Date given _____ Date read _____ #of mm induration _____

Read by: _____

Step 2 LOT # _____ Date given _____ Date read _____ #of mm induration _____

Read By: _____

QuantiFeron-TB Gold : Result _____ (Attach lab report)

Chest X-Ray : Date _____ (Attach results)