

TST Administration Record

Date _____ Name _____

Employer _____ SS# _____

Circle One:

Pre-Placement Biannual/Annual TB Exposure - Baseline/12 wk follow up Volunteer

1. Have you ever had a positive skin test for T.B.? No Yes
If yes, What treatment was used: _____

Chest X-ray date: _____

2. Have you had the B.C.G. vaccine? (B.C.G. is a vaccine commonly used outside the United States, but now was given to some healthcare workers in the United States in the 1950's and 60's.) No Yes

3. **Circle** any symptoms that you are experiencing presently:
 - Fever - Weight loss - Persistent cough - Fatigue
 - Night sweats - Weakness - Loss of Appetite - Painful breathing

4. Are you taking prednisone or on chemotherapy, for cancer, MS, Lupus or Rheumatoid Arthritis? No Yes

5. Have you been vaccinated for Varicella or Shingles or MMR within the last 6 weeks? No Yes

I UNDERSTAND THAT I AM RESPONSIBLE FOR HAVING THE TEST READ IN 48-72 HOURS BY THE EMPLOYEE HEALTH OFFICE OR BY ONE OF THEIR DESIGNEES. I HAVE HAD A CHANCE TO ASK QUESTIONS AND UNDERSTAND THE ANSWERS.

Signature: _____ Date: _____

#1 TST: 0.1 CC LOT# _____ Manufacturer: _____ EXP. Date ____/____/____

Administered By: _____ (**Circle**) Administration Site: RFA LFA intradermal

Date Given ____/____/____

Date Read _____ Signature of reader: _____ Induration/Result _____ mm	HealthWorks Use Only CXR date ordered _____ Results _____ Referred to: _____
---	---

#2 **Is 2-Step Required: YES NO**

TST: 0.1 CC LOT# _____ Manufacturer: Sanofi Pasteur EXP. Date ____/____/____

Administered By: _____ (**Circle**) Administration Site: RFA LFA intradermal

Date Given ____/____/____

Date Read _____ Signature of reader: _____ Induration/Result _____ mm	HealthWorks Use Only CXR date ordered _____ Results _____ Referred to: _____
---	---