

Baseline TB Screening Tool for Nursing Assistant Students

Last name, first name, middle initial

____/____/____
Date form completed

____/____/____
Date of birth

Baseline TB screening includes two components:

(1) Assessing for current symptoms of active TB disease

and

(2) Testing for the presence of infection with *Mycobacterium tuberculosis* by administering either a single TB blood test *or* a two-step TST.

Symptoms of active TB disease (circle all that are present)

Coughing (>3 weeks)

Chest pain

Fatigue

Night sweats

Coughing up blood

Weight loss/poor appetite

Fever/chills

Note: If TB symptoms are present, promptly refer Student for a chest x-ray before starting work. **Do not wait** for the TST result.

Administrator and/ or Doctor must fill out QUESTIONNAIRE with student present.

***If yes to any of the questions below, the doctor or nurse needs to sign, as well as check one of the boxes below for "follow-up" or "no follow-up" (with second step Mantoux(TST) or Chest X-ray).**

Student's history (circle response)

			Comments
Have you ever had an adverse reaction to at TB skin test?	Yes	No	
Were you born outside of the US?	Yes	No	
Have you traveled or lived outside of the US in the past 2 years?	Yes	No	
Have you ever had a positive reaction to a TB skin test?	Yes	No	
Have you ever had a TB blood test?	Yes	No	
Have you ever had the BCG vaccine?	Yes	No	
Have you ever been treated for latent TB infection?	Yes	No	
Have you ever been treated for active TB disease?	Yes	No	

Signature of Student and Date

Administrator/doctors Signature and Date

NAME OF CLINIC WHERE TESTING WAS DONE

* ___ Follow up with 2nd Step
TST or Chest X-ray
___ No follow up required

TB Blood Test

Name of TB blood test (circle)	QuantiFERON TB-Gold QuantiFERON-TB-Gold InTube T-SPOT
Date of blood draw	
Results	
Interpretation of reading (circle)	Positive* Negative Indeterminate
Laboratory and Clinic administered:	

*Refer Student for a chest x-ray to rule out active TB disease

Tuberculin skin testing (TST) Only need First step mantoux- unless you are positive

	TST – First Step	TST – Second Step
Administration		
Print name of Person and Facility administering test		
Date and time administered		
Location (circle)	L forearm R forearm Other:_____	L forearm R forearm Other:_____
Tuberculin manufacturer		
Tuberculin expiration date and lot #		
Signature of person who administered test		
Results (read between 48-72 hours)		
Date and time read:		
Number of mm of induration: (<u>across</u> forearm)	____mm	____mm
Interpretation of reading* (circle)	Positive ** Negative***	Positive ** Negative
Reader's signature		

*Consult grid at www.health.state.mn.us/divs/idepc/diseases/tb/candidates.pdf

** Refer Student for a chest x-ray to rule out active TB disease

Adapted by the Minnesota Department of Health TB Prevention and Control Program from materials produced by the Global TB Institute and the Francis J. Curry National TB Center