# VIRGINIA PENINSULA COMMUNITY COLLEGE

Tuberculosis surveillance is required by OSHA, JCAHO, and other regulatory agencies for health care employees, volunteers, and physicians. A two-step TB Skin Test (TST) is required on-hire. A TST is required annually thereafter. Other testing may be required related to exposure to TB. The TB Skin Test is to be read **48-72 hours after placement.**

**To be completed by Student:**

Name: _____ Today's Date: _____

| **Please check YES or NO for the following questions**: | **YES** | **NO** |
|---|---|---|
| Since your last TB review, have you worked in a location where patients with active TB received care or services? | | |
| Since your last TB review, have you lived with or had close contact with someone who has TB disease? | | |
| Since your last TB review, have you had an abnormal chest x-ray? | | |
| Since your last TB review, has a healthcare practitioner told you that your immune system isn't working or can't fight infection? | | |
| Do you work, volunteer, or live in another facility that provides medical or social services? | | |
| Since your last TB review, have you traveled outside the U.S.A.? If yes, where? | | |

Since your last TB review, have you had any of the following symptoms for more than 3 weeks at a time? (**Please check all symptoms that apply; if you have no symptoms, check NONE).**

[ ] Persistent coughing
[ ] Excessive weight loss
[ ] Excessive sweating at night
[ ] Persistent fever
[ ] Hoarseness
[ ] Excessive fatigue
[ ] Coughing up blood
[ ] None

*I have reviewed the above and I am currently free of signs and symptoms of active disease.*

_____ _____

**Student Signature** **Date**

**STEP 1 OR ANNUAL PPD:** ***To be Completed by Healthcare Provider:***

TB Skin Test: [ ] Step 1 [ ] Annual [ ] Post Exposure

Date Placed: _____ Site: [ ] LFA [ ] RFA

**TEST MUST BE READ WITHIN 48-72 HOURS AFTER ADMINISTRATION**

**Date Read:**_____

[ ] Results in mm:_____Neg (0mm) without induration

[ ] Positive or Indeterminate Test (***Must be referred to Occupational Health for immediate interpretation).***

Test Read by_____

**Name** **Title**

***Note: Step 2 must be completed two weeks after Step 1.**

**STEP 2 PPD:** ***To be Completed by Healthcare Provider:***

TB Skin Test: [ ] Step 2 [ ] Annual [ ] Post Exposure

Date Placed: _____ Site: [ ] LFA [ ] RFA

**TEST MUST BE READ WITHIN 48-72 HOURS AFTER ADMINISTRATION**

**Date Read:**_____

[ ] Results in mm:_____Neg (0mm) without induration

[ ] Positive or Indeterminate Test (***Must be referred to Occupational Health for immediate interpretation).***

Test Read by_____

**Name** **Title**