

University of Pittsburgh Employee Health Services

TB Testing Form

The Tuberculin Skin Test (TST) consists of an intradermal injection of Purified Protein Derivative (PPD) placed under the skin. A provider trained in interpreting TST reactions must examine the injection site within 48-72 hours. Employees may not interpret their own test. Results must be recorded in millimeters of induration.

Name	Pitt ID number/social security number
Date of Birth	Phone/Pager
	Department

PART I

Have you ever had a prior positive TB skin test? If YES, proceed to Part II of this form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been ill with a fever in the past week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you taking Cortisone medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the past 4-6 weeks, have you had any serious viral illnesses - such as chicken pox, measles, mumps, or any live vaccinations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand the above information, and hereby consent to have the test administered		
Signature: _____	Date: _____	

HAVE YOUR TB TEST READ AND RESULTS RECORDED BETWEEN 48-72 HOURS-FAX TO EHS @ 412-647-5051

FOR CLINIC USE ONLY		<input type="checkbox"/> TWO STEP
Type and Lot Number		
Site	<input type="checkbox"/> Left Forearm <input type="checkbox"/> Right Forearm	
Date Administered		
Administered by:		
Date of Interpretation		
Results in mm induration (i.e. 0mm = no induration)		
Read by:		

PART II FOR EMPLOYEES WITH PRIOR POSITIVE TB SKIN TESTS or THOSE WHO HAVE HAD A SEVERE ALLERGIC REACTION TO MANTOUX SOLUTION

If you have a <u>prior positive TB skin test</u> , or have experienced a severe allergic reaction to the Mantoux solution, you should NOT receive additional TB skin tests. You must have a baseline CXR on file. You also do not need to have annual chest x-rays.		
It is important for you to be aware of the following symptoms and report any of them immediately to UPMC Employee Health. If you have been coughing for greater than 3 weeks for undetermined reasons and/or have any of the following additional symptoms, you should seek a repeat Chest X-ray.		
1. Productive cough lasting longer than three weeks duration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Coughing up blood-streaked sputum/ or have chest pain while coughing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Unexplained night sweats, fever, loss of appetite, weight loss, or fatigue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have read and understand the above.		
Signature: _____	Date: _____	

***Fax test results to 412/647-5051**