

Tuberculosis (TB) 2-Step or Annual Renewal



TB skin testing (TST) or TB blood draw (IGRA) should be completed prior to receiving live vaccines or the COVID vaccine, as these can interfere with TB test results. Students who have already started a vaccination series must wait at least four weeks after the final vaccine to begin the TB process.

For TB 2-step, PPD must be administered and read on BOTH arms, with a minimum of one week (7 days) and no more than three weeks (21 days) between dates administered.

For TB annual renewal (less than 365 days from the date previous PPD was administered), only a TB one-step (administered and read on one arm) is required.

Date(s) PPD administered, Date(s) PPD read and PPD results (negative or positive) are required

Please answer the following questions:

- Any allergies? Yes No If yes, describe: _____
- Have you ever had a reaction to a TB skin test? Yes No
If yes, describe: _____
- Any documented TB exposure within the past year? Yes No
- Are you pregnant at the present time? Yes No

PPD process must be complete and uploaded/approved in CastleBranch for the TB to be compliant.

Step #1 PPD Administration

Date: _____ Site: LFA RFA Nurse: _____

PPD Reading (within 48-72 hours) Date: _____ Result: ____ mm Negative Positive

Nurse Name (Print)

Nurse Signature

Step #2 PPD Administration

Date: _____ Site: LFA RFA Nurse: _____

PPD Reading (within 48-72 hours) Date: _____ Result: ____ mm Negative Positive

Nurse Name (Print)

Nurse Signature

_____	OFFICE STAMP AREA
Medical Office Name	

Medical Office Address	

Medical Office Phone Number	

Office: Compliance and Risk Management

Date: 6/15/21

STUDENT: Upload THIS Page for TB 2-Step or TB Renewal in CastleBranch

Tuberculosis (TB) Symptoms Review

Use **ONLY** when Submitting Chest X-ray Lab Report or Renewal



Provide TB Symptoms Review:

1. *In conjunction with radiology report* confirming a clear chest X-ray for the initial TB requirement

OR

2. When the *annual renewal* of a clear chest X-ray from within the past five years is due

Have you had:

- History of positive PPD skin test? (*If yes, complete questionnaire below*) Yes No
- History of BCG (TB vaccine) Yes Year _____ No
- Are you pregnant/breastfeeding at this time? Yes No

Tuberculosis PPD Positive Questionnaire

1. Have you ever had any of the following signs or symptoms of tuberculosis?
 - a. Weight loss Yes No
 - b. Fatigue Yes No
 - c. Cough lasting two weeks or more Yes No
 - d. Sputum blood tinged Yes No
 - e. Night sweats Yes No
2. Have you ever received medication for TB? Yes No
3. Have you ever had a chest X-ray suggestive of TB? Yes No

Explain all YES answers:

I affirm that the information given above is true to the best of my knowledge.

Student Name (printed)

Student ID

Program

Student Signature

Date

Office: Compliance and Risk Management

Date: 6/15/21

STUDENT: Upload THIS page ONLY when submitting Chest X-ray lab report to TB in CastleBranch