

# Tuberculosis (TB) 2-Step or Annual Renewal



Student Name: \_\_\_\_\_

Program: \_\_\_\_\_

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

**The COVID-19 vaccine should not be delayed because of testing for TB infection.** TB skin tests and TB blood tests are not expected to affect the safety or the effectiveness of the COVID-19 vaccine (<https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>).

**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.**

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**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

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**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: 2/1/22**

**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 ONLY:

1. *When submitting a radiology report* confirming a clear chest X-ray for the initial TB requirement

OR

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

## 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:

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*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: 2/2/22

STUDENT: This page is **ONLY** used in conjunction with Chest X-ray lab report or renewal