

Employee
(return to HR Dept.)

Volunteer
(return to Volunteer Dept.)



SAN DIEGO HOSPICE
and The Institute for Palliative Medicine

ANNUAL TB SYMPTOM SURVEY/QUESTIONNAIRE

NAME (Print): _____ DATE: _____

A. HAVE YOU EVER...

	YES	NO
HAD a positive TB skin test?	<input type="checkbox"/>	<input type="checkbox"/>
HAD a chest x-ray to rule out active disease?	<input type="checkbox"/>	<input type="checkbox"/> If yes, date: _____
BEEN exposed to pulmonary TB in the last 1-2 years?	<input type="checkbox"/>	<input type="checkbox"/>
HAD treatment for tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/> If yes, type of treatment?
Type of Treatment Received: _____		

DO YOU CURRENTLY HAVE any of the following symptoms? YES NO

Frequent cough for no obvious reason?	<input type="checkbox"/>	<input type="checkbox"/>
Change in cough or coughing up blood?	<input type="checkbox"/>	<input type="checkbox"/>
Unusual fatigue or tiredness for no obvious reason?	<input type="checkbox"/>	<input type="checkbox"/>
Fever or night sweats?	<input type="checkbox"/>	<input type="checkbox"/>
Loss of appetite or weight loss?	<input type="checkbox"/>	<input type="checkbox"/>
Explain any YES answers:		

I acknowledge my answers are true and correct to the best of my knowledge. Although I may not necessarily have TB disease or be contagious, I take full responsibility to immediately report to my manager any of the early signs and symptoms of TB listed above should they appear. Any "yes" response above may need to be evaluated further by an RN or other healthcare provider. **If a previous PPD skin test has been positive, then SDHIPM will not administer further skin tests, and a chest x-ray may need to be taken.** If responses are "no" to all above questions, then a PPD skin test for TB needs to be administered.

Signature: _____ **Date:** _____

Reviewed by: _____ **LVN/RN/MD** **Date:** _____

INTRADERMAL TB SKIN TEST PLACEMENT

LOT NUMBER: _____ EXPIRATION DATE: _____ PPD Intradermal Site: _____

Placed by: _____ LVN/RN/MD Date: _____ Time: _____

MUST BE READ NO EARLIER THAN 48 HRS OR LATER THAN 72 HRS

after placement of skin test by any SDHIPM LVN, RN, Staff MD or Fellow

INTRADERMAL TB SKIN TEST READING

Read by: (Print) _____ LVN/RN/MD Date: _____ Time: _____

Results: _____ mm induration **Circle one:** *Negative/Positive*

(In California, indurations of ≥ 10 mm are considered positive. Indurations ≥ 5 mm are considered positive only for persons with HIV, recent contacts with a TB case, those who have had TB disease before or those who inject illicit drugs and whose HIV status is unknown. ALL OTHERS USE INDURATION OF 10 MM OR GREATER TO IDENTIFY A POSITIVE SKIN TEST.

If positive (or if questionable results), site must be reread by SDHIPM Staff Physician or Fellow within 24 hours

_____ mm induration *Negative/Positive* _____ MD

(If PPD skin test is "positive", please send employee to Human Resources for referral for Chest X-Ray; send volunteer to Volunteer Resources Dept.) Human Resources will inform Infection Prevention RN of all referrals.