

TB SCREENING

Name: _____
Employee #: _____ DOB: _____ Date: _____
Contractor: _____

COMMENTS: Please administer your clinic's standard TB screening questionnaire. Triage as "No Restrictions" unless x-ray is suggestive of active TB. These employees would need to be restricted immediately and referred for treatment.

Package: TB Screening

I11

_____ Review TB questionnaire

_____ PPD (unless history of positive PPD in past)

Reflexive Testing

Today:

(+)PPD in past & (+)TB symptoms now	▶	_____ Chest X-ray, PA, with read	A11
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48-72 Hours Later:

PPD \geq 5 mm and employee is immuno-suppressed or compromised	▶	_____ Chest X-ray, PA, with read	A11
PPD \geq 10 mm	▶	_____ Chest X-ray, PA, with read	A11