MEDICAL STAFF TUBERCULOSIS SCREENING FORM

After receiving a PPD, it is the practitioner’s responsibility to read the test 48-72 hrs. after implantation AND report results to the Medical Staff Office.

(>10 mm = positive)

PRINT PRACTITIONERS NAME: ________________________________

PPD IMPLANTATION

Date Administered: __________________  Administered By: __________________

Time Administered: __________________  Site – forearm: right______ left______

Lot # & Expiration date: _________________  Brand: ☐Tubersol  ☐ Aplisol

DATE:_______  TIME:_______  INDURATION:___mm  READ BY:_____________________RN/MD

Note size of induration (described as thickening), not redness. Must be read between 48 and 72 hours.

RESPIRATORY ASSESSMENT (only for individuals with history of positive PPD)

RESPIRATORY HISTORY – to be completed by practitioner; check all that apply.

☐ Unexplained elevated temperature  ☐ Persistent cough  ☐ Unexplained weight loss > 10 lbs.
☐ Night sweats  ☐ Purulent sputum  ☐ Fatigue
☐ Difficulty breathing  ☐ Bloody sputum  ☐ Immuno-compromised condition
☐ Other respiratory illness or symptoms during past year (explain): ______________________________

CHEST ASSESSMENT RESULTS:

☐ Normal chest auscultation

-OR-

☐ Abnormal chest auscultation (check all that apply)
  ☐ Rales (light crackling, popping, nonmusical)
  ☐ Rhonchi (course rattling)
  ☐ Wheezes (squeaking, grating)
If any of the above are present, describe location:

☐ RUL  ☐ RLL  ☐ LUL  ☐ LLL  ☐ Anterior  ☐ Posterior

PPD/Chest Assessment completed by (name/title): ________________________________ Date: _________

ORIGINAL TO MEDICAL STAFF OFFICE / COPY TO PRACTITIONER