

Tuberculosis Screening Report

Name: <name>

DOB: <dob>

Date of report: <report date>

TB skin testing: (most recent first) <date read>- <mm induration> <date read>- <mm induration>,

IGRA (interferon gamma release assay) results [DELETE ONE THAT IS NOT APPLICABLE]

QuantiferON-TB Gold: <date>- <interpretation (pos/neg)>, <results: nil, Ag, mit, ag-nil>

OR

T-SPOT.TB: <date>- <interpretation (pos/neg/borderline)>, <results: number of spots, (other?)>

Chest radiograph: <date:>

Results: No evidence of active tuberculosis disease

Assessment: [DELETE THOSE NOT APPLICABLE]

1. No evidence of active tuberculosis disease. Not Contagious. No work restrictions indicated.
2. Negative IGRA result/TST reading based on tuberculin positivity criteria. Chest x-ray not needed. The threshold for a positive TB skin test for this individual is: 15mm/10mm/5mm (choose test (IGRA or TST) and TST threshold, if IGRA chosen, delete threshold sentence).
3. False positive skin test.
4. Positive tuberculin skin test may be latent TB infection or a false positive TB skin test from BCG vaccination or other mycobacterium.
5. Latent TB infection based on positive TST/IGRA (delete any non-applicable choice). Future TST/IGRA testing is not indicated **IF** record of positive results and negative chest x-ray maintained.

Recommendations: [DELETE THOSE NOT APPLICABLE]

Periodic skin or IGRA testing as needed.

If future TB screening is required or client is exposed to an active TB case in the future, an IGRA should be done rather than tuberculin skin testing.

IGRA testing is recommended to establish an accurate baseline and to determine if treatment for LTBI is indicated.

If future TB screening is needed, review for symptoms of active disease and if symptomatic, obtain PA chest x-ray.

Additional Note:

Treatment for latent TB infection (LTBI) is neither required nor reportable to employer and is considered employee PHI. (DELETE For Pt. copy: provide client with report and copies of all skin, lab and x-ray results & then delete this line)

Signature

Name (printed)

Facility and contact number