TB Skin Test Questionnaire

A screening and documentation form for the tuberculin skin test, written for occupational health and baseline testing at hire. Pages 1 to 3 collect employment details, TB exposure and risk factors, an active TB symptom check, contraindications, and prior testing history. Pages 4 and 5 are the provider record: placement, the induration reading in millimeters, the CDC threshold you applied, and the sign-off. Every threshold and timing on this form follows CDC guidance on testing for tuberculosis infection.

1. HOW TO USE THIS FORM

1. Give pages 1 to 3 to the patient or employee before the test is placed. Keep pages 4 and 5 for the provider.
2. Read the symptom check in section 4 and the contraindication check in section 5 before you place anything. A yes in either one is a reason to hold the test.
3. Place 0.1 mL of 5 tuberculin units of purified protein derivative intradermally on the volar forearm, using the Mantoux method.
4. Read the test 48 to 72 hours after placement. Measure the firm raised induration across the forearm in millimeters, and never measure redness.
5. Apply the threshold for this person's risk group from section 10, then record the result and the action in section 11.
6. File the completed form in the occupational health record with both dates, the millimeter reading, and the name of the person who read it.

2. PATIENT AND EMPLOYMENT DETAILS

Full name: _____ **Date of birth:** _____ mm / dd / yyyy

Record / MRN number: _____ **Phone:** _____

Address: _____

Employer or facility: _____ **Job title or role:** _____

Department or unit: _____ **Date of screening:** _____ mm / dd / yyyy

Country of birth: _____ **Year of arrival in the US:** _____ if applicable

Reason for screening

☐ New hire baseline ☐ Serial testing ☐ After a known exposure ☐ School or childcare requirement ☐ Other

Job title, department, and country of birth are not administrative detail here. They decide which induration threshold in section 10 applies to this reading.

3. TB EXPOSURE AND RISK FACTORS

Full name: _____ **Date completed:** _____ mm / dd / yyyy

#	Question	Yes	No	Not sure	Details
1	Have you ever lived with, or spent time close to, someone with active TB disease?	☐	☐	☐	Who, when
2	Has a doctor or nurse ever told you that you have TB infection or TB disease?	☐	☐	☐	When, which one
3	Have you ever taken medicine for TB infection or TB disease?	☐	☐	☐	Medicine, dates
4	Were you born in a country where TB is common?	☐	☐	☐	Country, year of arrival
5	Have you lived for a month or longer in a country where TB is common?	☐	☐	☐	Country, dates
6	Have you had a BCG vaccine?	☐	☐	☐	Year, country
7	Do you have HIV infection?	☐	☐	☐	Most recent CD4 count
8	Do you have diabetes, kidney failure on dialysis, silicosis, leukemia, lymphoma, or head, neck, or lung cancer?	☐	☐	☐	Which one
9	Do you take steroids, a TNF-alpha blocker, chemotherapy, or medicine for an organ transplant?	☐	☐	☐	Medicine, dose
10	Have you had a gastrectomy or a jejunoileal bypass, or lost more than 10 percent of your body weight?	☐	☐	☐	When
11	Have you ever injected drugs that were not prescribed for you?	☐	☐	☐	When
12	Have you ever lived or worked in a jail, prison, shelter, or long-term care home?	☐	☐	☐	Where, dates
13	Do you work in a healthcare setting, a mycobacteriology laboratory, or another setting with TB exposure?	☐	☐	☐	Role, setting

Answer every row. A yes on any row can move this person to a lower threshold in section 10, so write the detail rather than the yes alone.

4. ACTIVE TB SYMPTOM CHECK

#	Symptom now, or in the past few weeks	Yes	No	How long it has been going on
1	A cough that has lasted 3 weeks or longer	☐	☐	
2	Coughing up blood, or sputum streaked with blood	☐	☐	
3	Fever, chills, or night sweats	☐	☐	
4	Weight loss you cannot explain, or loss of appetite	☐	☐	
5	Chest pain, or shortness of breath	☐	☐	
6	Feeling unusually tired or weak	☐	☐	

A yes on any symptom row stops the skin test today. Send this person for a same-day medical evaluation and a chest X-ray to rule out active TB disease, and follow your facility's airborne precautions while you do.

5. CONTRAINDICATIONS AND REASONS TO DEFER

#	Check before the test is placed	Yes	No	What a yes means
1	A tuberculin skin test that was recorded as positive at any time in the past	☐	☐	**Stop. Do not repeat the skin test.**
2	A severe reaction to an earlier skin test: blistering, an open sore, tissue death, or anaphylaxis	☐	☐	**Stop. Use an IGRA blood test.**
3	A known allergy to tuberculin PPD or to any component of the injection	☐	☐	**Stop. Use an IGRA blood test.**
4	A live virus vaccine in the past 4 weeks: MMR, varicella, yellow fever, or live attenuated influenza	☐	☐	**Defer for 4 weeks from the vaccine.**
5	Currently pregnant or breastfeeding	☐	☐	**Place as usual, or use an IGRA if your protocol prefers it.**
6	Unable to come back for the reading 48 to 72 hours from now	☐	☐	**Use an IGRA blood test instead.**

Record what you did instead of the skin test: an IGRA blood test, a symptom review, a chest X-ray, or a clinical evaluation. A documented positive skin test is never repeated.

6. PRIOR TB TESTING HISTORY

Date of test	Test used	Induration in mm	Result	Where the test was done
mm / dd / yyyy	skin test or IGRA	skin test only	positive or negative	practice, employer, or country

BCG vaccine year: _____ **Country BCG was given:** _____

Last chest X-ray date: _____ mm / dd / yyyy **Chest X-ray result:** _____

Treatment for TB infection: _____ drug and dates **Treatment completed:** _____ yes / no / partly

A skin test repeated within a year of an earlier one can read larger because of boosting. Record the earlier reading in millimeters so the next reader can tell boosting from new infection. BCG can raise a skin test reading, and it does not affect an IGRA blood test.

7. PATIENT DECLARATION

The answers on this form are complete and correct as far as I know. I understand that the skin test has to be read 48 to 72 hours after it is placed, and that a test read outside that window has to be repeated.

Return appointment for the reading: _____ date and time **Interpreter used:** _____ name and language

_____ _____

Patient or employee signature and date **Form reviewed with patient by, with date**

PROVIDER USE ONLY — PAGES 4 AND 5

8. TEST PLACEMENT RECORD

Date placed: _____ mm / dd / yyyy

Time placed: _____

Arm and site: _____ volar forearm, left or right

Antigen and manufacturer: _____ 5 TU PPD

Lot number: _____

Expiration date: _____ mm / dd / yyyy

Dose and route: _____ 0.1 mL, intradermal

Wheal raised at placement: _____ mm, expect 6 to 10

Placed by: _____ name and license number

Reading due: _____ 48 to 72 hours from placement

A wheal of 6 to 10 mm confirms the injection went into the skin rather than under it. If no wheal forms, place a second test at once, at least 2 inches away from the first, and record both placements here.

9. READING AND INDURATION MEASUREMENT

Date read: _____ mm / dd / yyyy

Time read: _____

Hours since placement: _____ must be 48 to 72

Induration across the forearm: _____ mm

Redness present: _____ yes / no, not measured

Blistering or tissue death: _____ yes / no

Read by: _____ name and license number

Test not read in the window: _____ repeat required

Measure only the firm raised induration, across the long axis of the forearm, and write the figure in millimeters. Record 0 mm when there is no induration. Redness on its own is not a positive result.

10. CDC INTERPRETATION THRESHOLDS

Induration is positive at	Risk group this threshold belongs to
5 mm or more	HIV infection. A recent close contact of someone with infectious TB. Fibrotic changes on a chest X-ray consistent with earlier TB. An organ transplant recipient. Anyone on 15 mg or more of prednisone a day for a month or longer, or on a TNF-alpha blocker.
10 mm or more	Healthcare personnel. Anyone who arrived within the last 5 years from a country where TB is common. People who inject drugs. Residents and staff of jails, shelters, and long-term care homes. Mycobacteriology laboratory staff. Diabetes, silicosis, kidney failure, leukemia, lymphoma, head, neck, or lung cancer, weight loss over 10 percent of ideal body weight, gastrectomy, or jejunoileal bypass. Children under 4 years, and children and adolescents exposed to adults at high risk.
15 mm or more	Anyone with no known risk factor for TB.

One reading can be positive for a healthcare worker and negative for someone with no risk factor. Write down which threshold you applied, and why, in section 11.

PROVIDER USE ONLY — RESULT, ACTION, AND SIGN-OFF

11. RESULT AND OCCUPATIONAL HEALTH ACTION

Induration: _____ mm **Threshold applied:** ____ 5 / 10 / 15 mm **Result:** _____ positive / negative

Action taken

- ☐ Cleared for duty
- ☐ Chest X-ray ordered
- ☐ Referred for medical evaluation
- ☐ Referred to occupational health physician
- ☐ Treatment for latent TB infection discussed
- ☐ IGRA ordered instead
- ☐ Repeat test required

Clinical notes, including why this threshold applies

> **A positive skin test means TB infection, not TB disease.** Every positive reading goes to a symptom review and a chest X-ray before treatment for latent TB infection is discussed.

12. TWO-STEP BASELINE AND SERIAL TESTING LOG

Date placed	Date read	Step	Induration mm	Threshold used	Result	Placed and read by
mm / dd / yyyy	mm / dd / yyyy	step 1, step 2, or serial	0 if none	5, 10, or 15 mm	pos or neg	name and license

For a two-step baseline, place the second test 1 to 3 weeks after a negative first reading. A positive second reading means infection from the past, not new infection, so record it as a baseline positive.

13. CLINICIAN SIGN-OFF

Result given to the patient on: _____ mm / dd / yyyy **Cleared for duty:** _____ yes / no / pending

Next review or retest date: _____ mm / dd / yyyy **Practice or facility name:** _____

_____ _____

Clinician signature, license number, and date **Occupational health record filed by, with date**

Thresholds, the 48 to 72 hour reading window, and the two-step baseline interval on this form follow CDC guidance on testing for tuberculosis infection. The form documents screening and testing. It is not a diagnosis of TB disease, and it does not replace a clinical evaluation or a chest X-ray.