

SHOREHAVEN

IMPORTANT INFORMATION ABOUT TUBERCULOSIS
AND THE MANTOUX TUBERCULIN SKIN TEST

PLEASE READ CAREFULLY

WHAT IS TUBERCULOSIS (TB)? TB is a “communicable” disease caused by bacteria that are usually spread from person to person through the air. When people with TB cough, infectious particles may be released. If these bacteria are inhaled by other people, they cause infection. Most people who become infected do not develop tuberculosis because the body’s immune system brings the infection under control. However, infected people will usually have a positive reaction to a TB skin test. Also, they remain at risk of developing TB disease at any time, especially if the immune system becomes impaired (e.g. Human Immunodeficiency Virus (HIV) infection or cancer). The disease usually affects the lungs, but can occur at any site in the body.

WHAT IS A TB SKIN TEST? The Mantoux skin test uses a needle to place sterile fluid called tuberculin between the layers of the skin. The purpose of the test is to show whether you have tuberculosis germs in your body. This test is used as a screening and is not conclusive (false positives and false negatives can occur).

The test must be interpreted (read) in 48-72 hours. The area where the test is made will be checked for a “reaction”. The reaction will be interpreted (read) by an RN at Shorehaven. Persons with a positive (significant) reaction will be referred to their physician for additional tests. The physician will determine if there is an inactive infection (dormant) or active disease (contagious).

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you ever had a Mantoux TB skin test? If yes, state the results: _____ YES _____ NO _____
2. Have you ever been told that you have TB? If yes, were you treated? If you were treated, state when, where, and by whom: _____ YES _____ NO _____
3. Have you recently been exposed to someone with TB? If yes, by whom and when: _____ YES _____ NO _____
4. In the past six weeks, have you been vaccinated with a live vaccine (examples, measles or polio)? YES _____ NO _____
5. In the past six weeks, have you had any periods of illness which have lasted for more than two days? If yes, describe: _____ YES _____ NO _____
6. Are you currently taking (or recently stopped taking) any corticosteroid or other immunosuppressive drugs? YES _____ NO _____
7. Have you had BCG vaccine (the vaccine for TB)? If yes, when: _____ YES _____ NO _____
8. Can you return in 48 to 72 hours to have the test read? YES _____ NO _____

NOTE: Aplisol may cause birth defects. If you are pregnant please consult your doctor before skin test.
PREGNANCY EXEMPTION REQUIRES WRITTEN PHYSICIAN RECOMMENDATION.

POSSIBLE SIDE EFFECTS FROM THE SKIN TEST: Side effects are very uncommon and usually occur in persons who are unusually sensitive to the tuberculin. Side effects include: blisters, open sores, death of tissue, pain, and itching in the area where the skin test was placed. Strong positive reactions can cause scarring. Less often, swelling in near-by lymph glands and fever can occur. In those with a history of TB, a general fever reaction and/or inflammation around old TB lesions may occur in highly sensitive individuals.

REACTIONS: If the person who received the test gets sick with the above side effects and visits the doctor, hospital, or clinic in the four weeks after the TB test, please report this to the Waukesha County Health Division.

QUESTIONS: If you have any questions about TB or TB testing, please ask us now or call your doctor before signing this form.

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I have read the information on this form about Mantoux TB skin testing. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the test and request that the test be given to me or to the person named below for whom I am authorized to make this request. I understand that it is impossible to predict whether a person will suffer side effects and if so, how severe these side effects might be. I release and agree to hold Shorehaven and its agents harmless from any claims resulting from side effects.

(If person to be tested is a minor, Parent/Guardian must sign this form as well as minor child).

Signed Consent

SHOREHAVEN
EMPLOYEE HEALTH EXAMINATION RECORD
TB SKIN TESTING FORM

Employee Name: _____ Department: _____

FIRST STEP TB Test Given Date: _____ Time: _____ Location: L. Forearm _____ R. Forearm _____
Administered by: _____
TB Test Read Date : _____ Time: _____ By: _____
RESULTS: _____ NEGATIVE _____ POSITIVE Size of induration _____
Manufacturer: _____ Lot No.: _____ mm.

SECOND STEP TB Test Given Date: _____ Time: _____ Location: L. Forearm _____ R. Forearm _____
Administered by: _____
TB Test Read Date : _____ Time: _____ By: _____
RESULTS: _____ NEGATIVE _____ POSITIVE Size of induration _____
Manufacturer: _____ Lot No.: _____ mm.

CHEST X-RAY REQUIRED IF QUANTIFERON BLOOD TEST IS POSITIVE

DATE OF CHEST X-RAY: _____ Symptoms reviewed Y/N _____ Date: _____

RESULTS OF CHEST X-RAY : _____ POSITIVE _____ NEGATIVE

If positive chest x-ray, contact Waukesha County Health Department for direction re: TB Treatment.