

## TUBERCULOSIS: THE TB SKIN TEST

<p>What is TB?</p>	<p>“TB” is short for a disease called tuberculosis. TB is spread by tiny germs that can float in the air. The TB germs may spray into the air if a person with <b>TB disease</b> of the lungs or throat coughs, shouts, or sneezes. Anyone nearby can breathe TB germs into their lungs.</p> <p>TB germs can live in your body without making you sick. This is <b>TB infection</b>. Your immune system traps TB germs with special germ fighters. Your germ fighters keep TB germs from making you sick.</p> <p>But sometimes, the TB germs can break away and spread. Then they cause <b>TB disease</b>. The germs can attack the lungs or other parts of the body. They can go to the kidneys, the brain, or the spine. <u>If anyone has TB disease, they need medical help.</u></p>
<p>HOW DO I KNOW IF I HAVE TB INFECTION?</p>	<p><u>A skin test is the only way to tell if you have TB infection.</u> This test is usually done on the arm. A small needle is used to put some testing material, called tuberculin, under the skin. In two or three days, a health worker will check to see if there is a reaction to the test.</p> <p>The test is “positive” if a bump about the size of a pencil eraser or bigger appears on your arm. This bump means you probably have <b>TB infection</b>. You may need medicine to keep from getting sick.</p>

TB skin test given on \_\_\_\_\_, \_\_\_\_\_. Please return for reading on \_\_\_\_\_, \_\_\_\_\_.  
Day Date Day Date

(Give this information sheet to patient)

**TO RECEIVE TB SKIN TEST PLEASE FILL OUT THE FOLLOWING. (GIVE TO NURSE/CMA)**

Reason for TB skin test today----- class requirement----- other.

Program: \_\_\_\_\_ Director \_\_\_\_\_ Phone # \_\_\_\_\_

Date of last test \_\_\_\_\_ Result of test: negative positive do not recall

To your knowledge have you, any family member or friend been treated for TB? Yes

No If yes, details \_\_\_\_\_

Have you traveled outside the USA? Yes No

Were you born outside the USA? Yes No Country of Residence \_\_\_\_\_

Programs: Are you in the EELI program? Yes No

Vaccine: Have you received the BCG Vaccine for protection against TB (Tuberculosis)?  
(Not given in USA)

Yes No Do not recall.

Have you received any vaccines within the past six weeks? Yes No

Are you taking any medications? Yes No

Do you have any health problems at present? Yes No

Pregnant: Is there any reason to believe you are pregnant at this time? Yes No

Name \_\_\_\_\_, \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Print) Last First Mo Day Year

I have completed the sheet and give permission to ECU SHS to administer a TB Skin test.

\_\_\_\_\_  
Signature Date

Date Given: \_\_\_\_\_ Time: \_\_\_\_\_  
Manufacture: Aventis Paster Lot # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
B.P: \_\_\_\_\_ Site and Route: 5TB ppd 0.1ml I.D. to \_\_\_\_\_ forearm.  
Signature \_\_\_\_\_  
Date read \_\_\_\_\_ Results: \_\_\_\_\_ mm induration = Neg. Pos.

Referral to MCHD for TB Clinic on: \_\_\_\_\_ Signature: \_\_\_\_\_

Information given to patient for instruction to MCHD. Yes No

Other instruction \_\_\_\_\_