

Longview Clinic
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 Longview, WA 98632
 360.578.2527 voice
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Chehalis Clinic
 1595 N National Ave #2
 Chehalis, WA 98532
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TUBERCULOSIS (TB) SKIN TEST CONSENT

Last _____ First _____ M.I. _____

Company _____

Birthdate ____/____/____ Your Phone Number () _____ Social Security Number ____/____/____

Please indicate yes or no to the following:

Have you ever had pain, ulceration or other strong reaction to a TB Test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a positive skin test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, were you evaluated for the positive result?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received bacillie Guerin (BCG) vaccine? <i>(BCG is used to prevent TB, primarily in high risk countries outside the U.S.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a chest x-ray for a positive TB test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

For Clinic Use:

Reason for Test	Type of Test				
<input type="checkbox"/> New employee, initial screening	<input type="checkbox"/> Single test (for those who have a TB test within the past 6 months)				
<input type="checkbox"/> Current employee, routine screening	<input type="checkbox"/> First step of two step (for patients who have not had a TB test within the past 12 months. NOTE: Ask the patient to return in 1-3 weeks for the second step. <input type="checkbox"/> Second step of two-step (for patients with documentation of a recent, completed first TB step test)				
Date	Given By	Arm	Date Read	Read By	Result Induration (mm)
1 st		<input type="checkbox"/> Left <input type="checkbox"/> Right			
2 nd		<input type="checkbox"/> Left <input type="checkbox"/> Right			