

PLEASE NOTE: A 2-Step TB test takes a FULL 14 days and involves two injections & two readings. A blood test or chest xray can be done in place of the TB. This form needs to be returned on the first day of class unless prior arrangements have been made with Student Services.

Quality CNA Training LLC – Nursing Assistant Student
Flu Shot & Mantoux 2 Step Tuberculin Skin Test Record or Chest X-Ray Report

The TB skin test (also called the Mantoux tuberculin skin test) is performed by injecting a small amount of fluid (called tuberculin) into the skin in the lower part of the arm. A person given the tuberculin skin test must return within 48 to 72 hours to have a trained health care worker look for a reaction on the arm. The health care worker will look for a raised, hard area or swelling, and if present, measure its size using a ruler. Redness by itself is not considered part of the reaction. Some people are allergic to the TB skin test or have been infected by the TB bacteria in the past. This means the person's body was infected with TB bacteria. Additional tests are needed to determine if the person has latent TB infection or TB disease. A health care worker will then provide treatment as needed. For more information please visit the CDC website <http://www.cdc.gov/TB/TOPIC/testing/default.htm>.

Student Information

Student Name: _____

Student Address: _____

City: _____ State _____ Zip: _____ Telephone: _____

Date of Current Flu Shot (Must be within the last 12 months – Only needed between Oct – March)

Date: _____ Signature of Provider: _____

Skin Test Information (1st Step): Administrator By: _____

Date/Time Administered: _____ Location: _____

Manufacturer: _____ Expiration Date: _____ Lot#: _____

Results (1stTST Reading Date Required)

Induration: _____ mm Date/Time of Reading: _____

Comments/Adverse reaction(s) if any: _____

Name of Reader: _____ Signature of Reader: _____

Skin Test Information (2nd Step): Administrator By: _____

Date/Time Administered: _____ Location: _____

Manufacturer: _____ Expiration Date: _____ Lot#: _____

Results (2ndTST Reading Date Required)

Induration: _____ mm Date/Time of Reading: _____

Comments/Adverse reaction(s) if any: _____

Name of Reader: _____ Signature of Reader: _____

Chest X-RAY Information (is ONLY needed if traditional TB test is positive or as an alternative to traditional TB Test)

Date film: _____ Hospital/Facility film taken: _____

Interpretation

_____ Completely Negative

_____ Negative; Except for: _____

_____ Abnormal; Reason: _____

Quantiferon GoldTB Blood Test Information (is ONLY needed if traditional TB test is positive or an alternative to TB Test)

Date given: _____ Results: _____

Name of Radiologist/Physician: _____

Signature of Radiologist/Physician: _____ Date of Reading _____