

ZSFG TB SURVEILLANCE FORM

PLEASE COMPLETE ALL HIGHLIGHTED AREAS

Instructions Tuberculin skin tests (TST) must be read within 48-72 hours. If you use a designated reader, keep a copy of the completed form and give the original to one of the following: 1- Your supervisor, 2- Employee Health Services at ZSFG, Building 9, Room 105. PLEASE PRINT

Name: Last: _____ First: _____ M.I. _____ Employer: UCSF SFGH Other

Today's date: ____ / ____ / ____ Date of Birth: ____ / ____ / ____ Sex: M F Work Title: _____ Class: _____

Home Phone: _____ SS#: XXX-XX-____ (last four) Department: _____ Location: _____

Home Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____ Supervisor's Name: _____

I. In the past year, did you have any of the following symptoms **for more than three weeks at any one time?** Yes No

- ① Drenching night sweats Yes No
- ② Persistent fever Yes No
- ③ Unexplained fatigue Yes No
- ④ Unexplained weight loss Yes No
- ⑤ Unexplained loss of appetite Yes No
- ⑥ Swollen glands Yes No
- ⑦ Shortness of breath Yes No
- ⑧ Persistent coughing Yes No
- ⑨ Coughing up blood Yes No
- ⑩ Hoarseness Yes No

II. Has a healthcare provider told you that your immune system has difficulty fighting infection? Some possible causes of this includes medicine that lower immunity (prednisone, other steroids, anti-rejection drugs, chemotherapy, cancer, radiation therapy, HIV, etc ...), and organ transplants. Yes No

- III.** Have you had any of the following?
- Is this your **FIRST** TB skin test? Yes No
 - Previous skin reaction to a TB skin test? Yes No
 - Previous positive TB skin test? Yes No
 - History of active TB? Yes No
 - History of treatment for TB? Yes No

Comments: _____

Employee signature: _____ Date: ____ / ____ / ____ Questions? Please call Employee Health at 206-3769.

For MEDICAL STAFF to Complete

A positive TST is: ① ≥10 mm -or- ② ≥5 mm if person is a close contact to an active TB case, HIV-positive, or immunosuppressed (see # II above).

Clinician comments: _____

Clinician signature: _____ Date: _____ Specify: 1-step 2-step Positive TST history

TST #1	PLACEMENT	READING
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Date applied: _____ Site: Right forearm Left forearm Dose: 0.1cc ID Date read: _____ Induration (mm): _____

Brand: Tubersol Other: _____ Lot #: _____ Exp. Date: _____ Designated reader (print name and title below): _____

Applied by (print name and title): _____ Signature: _____

Signature: _____ Unit/Department: _____

Unit/Department: _____

TST #2	PLACEMENT	READING
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Date applied: _____ Site: Right forearm Left forearm Dose: 0.1cc ID Date read: _____ Induration (mm): _____

Brand: Tubersol Other: _____ Lot #: _____ Exp. Date: _____ Designated reader (print name and title below): _____

Applied by (print name and title): _____ Signature: _____

Signature: _____ Unit/Department: _____

Unit/Department: _____