



Saskatoon Main Office
Royal University Hospital
103 Hospital Drive
Saskatoon SK S7N 0W8
Phone: 306-655-1740
Fax: 306-655-1495

Prince Albert Office
Cooperative Health Centre
110 – 8th Street East
Prince Albert SK S6V 0V7
Phone: 306-765-4260
Fax: 306-765-4264

Regina Office
Regina General Hospital
1440 – 14th Avenue
Regina SK S4P 0W5
Phone: 306-766-4311
Fax: 306-766-4710

TUBERCULIN SKIN TEST SCREENING RECORD

TBPC Use Only – TB File _____

Last Name		First Name		Middle Initial	Other Name(s)	
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth (y/m/d)		Provincial Health Number		Treaty/Band Number	
Address (Street/PO Box)			City/Town/Community		Postal Code	Province
Phone (Home)		(Work)		(Cell)		
BCG (year)	Family Physician <input type="checkbox"/> None		Health-care Provider Requesting TST (if applicable)			

REASON FOR SCREEN (tick all that apply)

Contact Contact to (name or TB file #): _____ Last contact date (y/m/d) _____

Correctional facility resident Employment Immigration High risk medical condition (specify) _____

Pre Anti-TNF therapy Pre-school/School Pre Transplant Other (specify) _____

ADMINISTRATION

Initial TST

Date given (y/m/d)	Time (hours)	Site of injection	Tubersol PPD 5 TU (0.1 mL) – Lot #	SYMPTOMS		
Given by				<input type="checkbox"/> None <input type="checkbox"/> Fever <input type="checkbox"/> Cough (productive) <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Cough (non-productive) <input type="checkbox"/> Night sweats <input type="checkbox"/> Fatigue <input type="checkbox"/> Weight loss <input type="checkbox"/> Other (specify) _____		
Test Centre			Phone			
Result (mm)	Date read (y/m/d)	Time (hours)	Read by	Title/Position	Phone	

Is the size of the reaction considered positive (refer to table on reverse side)? Yes No Unknown

Repeat TST (e.g., if two-step TST)

Date given (y/m/d)	Time (hours)	Site of injection	Tubersol PPD 5 TU (0.1 mL) – Lot #	SYMPTOMS		
Given by				<input type="checkbox"/> None <input type="checkbox"/> Fever <input type="checkbox"/> Cough (productive) <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Cough (non-productive) <input type="checkbox"/> Night sweats <input type="checkbox"/> Fatigue <input type="checkbox"/> Weight loss <input type="checkbox"/> Other (specify) _____		
Test Centre			Phone			
Result (mm)	Date read (y/m/d)	Time (hours)	Read by	Title/Position	Phone	

Is the size of the reaction considered positive (refer to table on reverse side)? Yes No Unknown

Previous TST if known

Result (mm)	Date (y/m/d)	Test Centre
-------------	--------------	-------------

COMMENTS (if applicable include adverse reactions, allergies, if sputum sent, if referred to family physician)

TBPC RN USE ONLY

Date reviewed:

- | | | |
|---|---|---|
| <input type="checkbox"/> No follow up required | <input type="checkbox"/> Physician order sent | <input type="checkbox"/> Refer to family physician for evaluation |
| <input type="checkbox"/> Letter sent to primary care provider | <input type="checkbox"/> CXR required | <input type="checkbox"/> Referral to TBPC required |
| <input type="checkbox"/> Letter sent to client | <input type="checkbox"/> Sputum required | <input type="checkbox"/> Schedule TBPC clinic appointment |

SCREENING ASSESSMENT

Date: _____

	Yes	No	Unknown
1. Have you had a TB skin test in the past? If yes, what was the result _____ mm? Did you have an adverse or anaphylactic reaction to the test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been exposed to TB recently or in the distant past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you received treatment for TB in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you received a BCG vaccination? If yes, record year of vaccination on page 1. BCG scar present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a medical condition that weakens the immune system such as HIV infection, chronic kidney failure requiring dialysis, diabetes, cancer of the head and neck, leukemia, lymphoma or silicosis? If yes, please specify on the previous page under 'Reason for Screen – High Risk Medical Condition.'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you taking medication that weakens the immune system, such as prednisone, chemotherapy for cancer, immune suppressing drugs for organ transplantation or tumour necrosis factor-alpha inhibitor (anti-TNF) medications for the treatment of an inflammatory condition? If yes, please specify on the previous page under 'Reason for Screen – High Risk Medical Condition.'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have life-threatening allergies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you allergic to polysorbate 80 (tween 80) or phenol? <i>(Polysorbate and phenol are additives in tuberculin as well as certain vaccines and drugs)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you been immunized for measles, mumps, rubella, varicella, yellow fever or received the Flumist vaccine for influenza in the last four weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you well today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have any questions regarding the test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TST Reaction Size (mm induration)	Situation in which the reaction is considered positive
0 – 4 mm	In general, considered negative and treatment not indicated Child under 5 years of age and high risk of TB infection
≥ 5 mm	HIV Infection Contact with a person with infectious TB within the past 2 years Presence of fibronodular TB on CXR (healed TB and not previously treated) Organ transplantation (related to immune suppressant therapy) Tumour necrosis factor-alpha inhibitors (anti-TNF drugs) Other immunosuppressive drugs (e.g., corticosteroids – equivalent of ≥ 15 mg/day prednisone for one month or more; risk of TB disease increases with higher dose and longer duration) End-stage renal disease
≥ 10 mm	All others, including the following specific situations: – TST conversion (within 2 years) – Diabetes, malnutrition (less than 90 % ideal body weight), cigarette smoking, daily alcohol consumption (greater than 3 drinks per day) – Silicosis – Hematologic malignancies (leukemia, lymphoma) and certain carcinomas (e.g., head and neck)

Adapted from: Public Health Agency of Canada, Canadian Thoracic Society & Canadian Lung Association. (2013) *Canadian Tuberculosis Standards, 7th edition*. Retrieved October 25, 2015 from <http://www.respiratoryguidelines.ca/tb-standards-2013>.