

EMPLOYEE TUBERCULIN SKIN TEST (TST) AND EVALUATION
CDC 7336 (Rev. 10/02)**DISTRIBUTION:**WHITE : HCSO PUBLIC HEALTH SECTION
YELLOW : EMPLOYEE MEDICAL FILE
PINK : EMPLOYEE**CONFIDENTIAL EMPLOYEE MEDICAL INFORMATION****INSTRUCTIONS:** Tuberculosis (TB) screening must be performed by a licensed health care provider whose legally authorized scope of practice allows him/her to conduct medical examinations and/or the Mantoux TB Skin Test (TST) in accordance with the recommendations of the Centers for Disease Control and Prevention to determine if a person has TB infection or disease.**EMPLOYEE (Complete the following section - type or print clearly)**

1 EMPLOYEE INFORMATION		
PRINT OR TYPE EMPLOYEE'S FULL NAME (AS IT APPEARS ON STATE PAYCHECK) FIRST MI LAST		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
BIRTHDATE	LAST 6 DIGITS OF SOCIAL SECURITY NUMBER	NEW EMPLOYEE/CADET <input type="checkbox"/> YES <input type="checkbox"/> NO
INSTITUTION OR DIVISION	UNIT OR BRANCH	DEPARTMENT (IF NOT CDC)
EMPLOYEE SIGNATURE		DATE

HEALTH CARE PROVIDER (Complete Sections 2-6 as required - refer to instructions on reverse side of form)

2 PRIOR TST / TB HISTORY (AS DOCUMENTED IN THE EMPLOYEE HEALTH CARE RECORD) NOTE: PRIVATE PROVIDERS ATTACH DOCUMENTATION OF PRIOR HISTORY		
PRIOR SIGNIFICANT TB SKIN TEST/INFECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DATE: _____ INDURATION SIZE: _____ MM	PRIOR TB DISEASE? <input type="checkbox"/> YES (IF YES, DATE) <input type="checkbox"/> NO

NOTICE: HIV AND OTHER MEDICAL CONDITIONS MAY CAUSE A TST TO BE NEGATIVE WHEN TB INFECTION IS PRESENT

3 TST ADMINISTRATION (STU/ 0.1 milliliter)				
(CHECK ONE) <input type="checkbox"/> TUBERSOL <input type="checkbox"/> APILSOL _____	LOT NUMBER _____	EXPIRATION DATE: _____	TST ADMINISTERED BY (PRINT NAME)	SIGNATURE: _____ DATE: _____
INJECTION SITE: <input type="checkbox"/> LFA * <input type="checkbox"/> RFA **	INJECTION DATE: _____	INTERPRETATION <input type="checkbox"/> SIGNIFICANT <input type="checkbox"/> INSIGNIFICANT	TST RESULT (MM INDURATION)	DATE TST READ/ OR OF SIGN & SYMPTOM EVAL.

4 EVALUATION FOR SIGNS AND SYMPTOMS (MUST BE COMPLETED FOR ALL INDIVIDUALS)			
<input type="checkbox"/> NO SYMPTOMS	SYMPTOMS (CHECK ALL THAT APPLY) <input type="checkbox"/> PERSISTENT (>2 WKS) COUGH	<input type="checkbox"/> WEIGHT LOSS (UNEXPLAINED) <input type="checkbox"/> UNEXPLAINED FEVER	<input type="checkbox"/> UNEXPLAINED FATIGUE <input type="checkbox"/> UNEXPLAINED NIGHT SWEATS

5 CHEST X-RAY	
<input type="checkbox"/> CHEST X-RAY NEEDED <input type="checkbox"/> CHEST X-RAY REPORT ON FILE (COPY REQUIRED)	CHEST X-RAY RESULT <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL CONSISTENT W/TB <input type="checkbox"/> YES <input type="checkbox"/> NO

6 COMMENTS:	
<input type="checkbox"/> EMPLOYEE REFERRED FOR FOLLOW-UP MEDICAL EVALUATION <input type="checkbox"/> EMPLOYEE PROVIDED WRITTEN NOTIFICATION OF TST RESULTS	<input type="checkbox"/> NO SHOW-EMPLOYEE NOTIFIED

 Employee is Free of Infectious Tuberculosis

EVALUATOR NAME	EVALUATOR SIGNATURE	DATE
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* LFA: Left Forearm
** RFA: Right Forearm**NOTICE TO PRIVATE PHYSICIANS ON REVERSE SIDE
PLEASE READ PRIOR TO TESTING**

NOTICE TO PRIVATE PHYSICIANS
CONFIDENTIAL EMPLOYMENT MEDICAL INFORMATION

THE CALIFORNIA PENAL CODE, SECTION 6006 et seq., REQUIRES ALL DEPARTMENT OF CORRECTIONS' (CDC) employees and certain other individuals to have an initial, annual, and as medically necessary Mantoux Tuberculin Skin Test (TST) or evaluation. The testing must occur as instructed below. The employee must provide the results of the TST and/or evaluation on the REQUIRED form: the Employee Annual Tuberculin Skin Test (TST) and Evaluation, CDC 7336.

DEFINITIONS:

INDURATION: Swelling or raised skin. Note: the presence of erythema is NOT indicative of a TST reaction; only the induration is measured.

MANTOUX TST: Intradermal injection of 0.1 milliliters (ml) of Purified Protein Derivative, 5 Tuberculin Units (TU).

PRIOR TST: A Mantoux TST in which clearly documented and dated results are available in millimeters (mm).

INSIGNIFICANT TST RESULT: Induration of less than (<) 10 mm if new, or < 5 mm, if contact or known immunocompromised.

SIGNIFICANT TST RESULT: Induration equal to or greater than (>) 10 mm, OR > 5 mm if contact or known immunocompromised.

INSTRUCTIONS: EMPLOYEE

1. Complete all of the items in **SECTION 1 - All Boxes Must Be Completely Filled In.**

- Be sure the information you provide is accurate and complete.
- The health care provider(s) (HCP) administering and evaluating the TST, including the exam for TB signs and symptoms, must sign and date the appropriate blocks.
- Advise the HCP to follow the steps below when completing **SECTION 2** through **SECTION 6**.
- If a chest x-ray (CXR) is needed, you must submit a copy of the CXR report with this form to be placed in your health record.
- Submit the completed form (**Employee Tuberculin Skin Test (TST) and Evaluation, CDC 7336**), in a sealed envelope, as instructed by your supervisor/TB coordinator.

INSTRUCTIONS: HEALTH CARE PROVIDER - All Boxes Must Be Completely Filled In.

SECTION 2: If prior TST results are available, the employee or HCP must provide written documentation including the patient's name, date test was administered, and reaction in mm. **Document this in SECTION 2. If documented results are:**

- **INSIGNIFICANT** and more than 30 days old, proceed to Section 3.
- **INSIGNIFICANT** and less than 30 days old, proceed to Section 4.
- **SIGNIFICANT** on any date: proceed to Section 4. Must also complete Section 5.

If there are no appropriately documented prior TST results, go to the instructions for Section #3.

SECTION 3: Administer a new TST, and document results in **SECTION 3**. **NOTE:** The HCP administering the TST (**SECTION 3**), and the HCP evaluating the TST (**SECTION 6**), must sign in the appropriate blocks. **If the TST results are:**

- **INSIGNIFICANT**, complete Section 4. Evaluator must sign and date under Section 6.
- **SIGNIFICANT**, proceed to Section 4. Must also complete Section 5. Evaluator must sign and date under Section 6.

If an individual claims to have a prior significant TST, but cannot provide appropriate documentation, a TST must still be administered. This is not medically contraindicated. However, if there are still questions, although this is not a CDCP procedure, it has been found useful to administer a diluted TST: dilute 0.2 cc of the standard 5 TU/0.1cc solution with 0.8 cc of sterile saline, then use 0.1 of this solution to administer a TST. If the results are significant, no further testing is necessary, proceed as directed below for significant TST's. If the results are insignificant, proceed with a standard TST.

If the administered or documented TST shows a INSIGNIFICANT result, the employee probably does not have TB infection. Factors affecting the immune system, pregnancy, or recent TB infection may cause a false insignificant TST reaction, even when TB disease exists, but

CDC HCPs CANNOT ASK CDC EMPLOYEES ABOUT NON TB HEALTH HISTORY, INCLUDING IMMUNOSUPPRESSIVE CONDITIONS

If the TST indicates a SIGNIFICANT reaction, further medical evaluation and a CXR are needed to rule out active TB disease.

- Complete **SECTIONS 4, 5 AND 6**. The HCP evaluating for TB signs and symptoms, must sign and date the form in the space provided at the bottom of the form (**SECTION 6**).
 - Give a copy of the CXR report, if a CXR is taken, to the employee for the CDC records.
- The space identified as "**DATE TST READ OR OF SIGNS & SYMPTOMS EXAM**" refers to date that the employee's TB status is determined.
- After evaluation and/or treatment the **CDC 7336** is completed.
 - Give the completed **CDC 7336 and the CXR report** to the employee.

SECTION 4: Complete evaluation for all employees, regardless of TST result, for TB signs and symptoms; 3 or more positives warrant special concern.

SECTION 5: To be completed for individuals with a documented prior or newly significant TST. Attach copy of CXR report.

SECTION 6: Comments as necessary. Evaluator must sign and date the form.

The Centers for Disease Control and Prevention and the California Tuberculosis Controllers Association recommend the following:

1. Tine test is **NOT** an acceptable skin test to determine exposure to the TB bacillus.
2. A CXR is an unacceptable screening method for detecting TB infection.
3. Mantoux TST is the **only** acceptable screening method for detecting TB infection.
4. The process for administering, evaluation, and documenting the Mantoux TST are:
 - a) Must be given intradermally.
 - b) 0.1 ml (s) of 5 TU Purified Protein Derivative must be used.
 - c) The test must be interpreted by a qualified HCP.
 - d) Results must be documented/reported in mm(s) of induration.