

***Tuberculosis Symptom Screening Questionnaire
Deferral of TB Skin Test During National PPD Shortage***

This form is to be used for persons who are required to have a TB Screening for employment, post-secondary educational institution admission, long term residential care admission or any other statutory or regulation required reason. This form is to be used only during the period of time KDHE has declared a shortage of PPD used for administering the TB Skin Test. The questions (Part A) should be answered by the person for whom the TB Skin Test is required. A healthcare professional must then evaluate the answers and sign the recommendation (Part B). **If testing is deferred, check with healthcare provider in three months to see if PPD is available.**

Prior to use of this form, all employers and responsible parties of facilities should verify this process is acceptable with your regulatory authority.

PART A

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|----|--|-----|----|--|
| 1. | Have you experienced any of the following symptoms in the past year? | | | |
| | a.) A productive cough for more than 3 weeks? | Yes | No | |
| | b.) Hemoptysis (coughing up blood)? | Yes | No | |
| | c.) Unexplained weight loss? | Yes | No | |
| | d.) Fever, Chills, or night sweats for no known reason? | Yes | No | |
| | e.) Persistent shortness of breath? | Yes | No | |
| | f.) Unexplained fatigue? | Yes | No | |
| | g.) Chest Pain? | Yes | No | |

2. Have you had contact with anyone with active tuberculosis disease in the past year? Yes No

3. Why are you required to have a TB Skin Test? _____

Please provide details to any question answered "Yes".

I declare that my answers and statements are correctly recorded, complete, and true to the best of my knowledge.

Signature of person required to be tested

Printed Name

Date

PART B

Upon review of this tuberculosis symptom questionnaire and discussion of this with the person for whom the tuberculosis evaluation is required, I recommend as follows:

_____ There is no indication this person has active tuberculosis at this time and should have their TB Skin Test deferred until the National PPD shortage has ended. ***Interferon Gamma Release Assay (IGRA-TB Blood Test should be considered if available)***

_____ There is reason to be suspicious of tuberculosis and further evaluation including a TB Skin test, Interferon Gamma Release Assay or other medical evaluation should be completed prior to work or admission.

Healthcare Professional Signature

Printed Name

Date

Agency/Practice Name

Contact Phone