

## Office of Continuing Education

## **Baseline TB Screening Tool**

Last Name, first name, middle initial		Date f				
Date of Birth		Work phone number				
Baseline TB Screening for the UK Nurse	Aide Training Pro	gram	includes t	hree components:		
1) Assessing for current symptoms of active TB disease						
2) Assessing Health Care Worker's history						
Testing for the presence of infection (IGRA Quantiferon)	n with Mycobacter	rium tu	ıberculosi	s by administering a	single TB blood test	
Symptoms of active TB disease (circle all that are present):						
Coughing (>3 weeks)	Chest Pain			Fever/chills		
Night sweats	Coughing up blood			Fatigue		
Weight loss/poor appetite				-		
<i>Note:</i> If TB symptoms are present, promptly program. Do not wait for the TB blood test in		orker fo	r a chest x-	ray and medical evalu	ation before starting the	
History (circle response)  Have you ever had a positive reaction to a TE  If yes: Date Number of						
Have you had a TB skin test in the past 12 mo		tion		_ Result	_	
Have you ever had the BCG vaccine?		Yes	No	Comments:		
Have you ever been treated for latent TB inf	fection?	Yes	No	Comments:		
Have you ever been treated for active TB dis	sease?	Yes	No	Comments:		
Have you ever had an adverse reaction to a	TB skin test?	Yes	No	Comments:		
Have you received a live-virus vaccine within	n the past 6 weeks?	Yes	No	Comments		
Signature of screener:  Printed Name of Screener:				-		