

## CONSENT TO TESTING

I have received information about the TB skin test. I had a chance to ask questions which were answered to my satisfaction. I agree to return in 48-72 hours to have the test read. I understand the risks and benefits of the TB skin test and request that the test be given to me. I understand that if I am symptomatic for TB or if the TB skin test is positive, results may be communicated to the physician with whom I will follow-up if medical care is needed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### DO NOT COMPLETE, FOR NURSE

	TST #1	TST #2
<b>Administration</b>		
Name of person giving test		
Date and time administered		
Location (circle)	L forearm      R forearm	L forearm      R forearm
Tuberculin manufacturer		
Tuberculin exp. date and lot #		
Administrator signature		
Results (48-72 hours)		
Date and time read:		
Number of mm of induration: ( <u>across</u> forearm)	_____ mm	_____ mm
Interpretation of reading (circle)	Positive**      Negative	Positive**      Negative
Reader's signature		

#### \*\*Interpreting the TST

≥ 5 mm is positive for:

- HIV infected
- Recent contacts
- People with fibrotic changes on CXR
- Patients with organ transplant and others on immunosuppressant drugs (including prolonged course of oral or intravenous corticosteroids or TNF alpha inhibitors)

≥ 10 mm is positive for:

- Recent immigrants (≤5 yrs) from high TB burden countries
- Injection drug users
- Mycobacterial lab workers
- People who live/work in high risk congregate settings (health care workers, long term care, correctional facilities)
- Children younger than 4 years
- Infants, children and adolescents exposed to adults in high risk categories
- People with:  
Diabetes, severe kidney disease, silicosis, cancer of head or neck, hematologic or reticuloendothelial disease such as Hodgkin's disease or leukemia, intestinal bypass or gastrectomy, chronic malabsorption syndromes, low body weight

≥ 15 mm is positive if there are no known TB risk factors