

EMPLOYEE HEALTH SERVICES

57 Bee Street – MSC 213 Charleston, SC 29425-2130 Telephone (843) 792-2991 Fax (843) 792-1200

TUBERCULOSIS SKIN TEST (TST) SCREENING

REASON: □ Pre-Placement □ Annual □ Annual Past Positive □ Exposure Baseline (w □ Post Exposure (10 we	Screening vith ACORD)	Step		HA (Hospital) SC (University) NCFC	□ Crothall □ Sodexho □ Other	
Last Name	First		MI Birth date//_		Emp ID	
Dept	_ Position	Work #			Home #	
Address	· · · · · · · · · · · · · · · · · · ·		City Sta		ateZip Code	
Have you ever had a positive TST?						
Are you immune compror Do you <u>currently</u> have any YES / NO	-				ns? YES NO ES / NO	
☐ ☐ Chronic cougl ☐ ☐ Chronic fatigu ☐ ☐ Chronic chest	n (>3 weeks) e (>3 weeks) discomfort grade fever	C S	hortness of breamexpected weight	n or blood [ath [☐ Poor appetite☐ Recurrent infections	
return proof to EHS	ibility to have your . You may not rea w erythema (flat re	TST read by a d your own TS edness) or ind	a licensed perso T. uration (harder	n (MD, RN, LPN	I, RT) within 48-72 hours and If your skin test shows	
I have read and understand the above instructions. I also understand that I will be given one copy of this form free of charge; hereafter there will be a charge for copies. I understand that I am advised to keep a copy of this form to avoid future charges.						
Signature	nature				Date	
	LICENSED PER	SONNEL PLE	ASE COMPLET	E THIS SECTION	<u>DN</u>	
PLACED: Date	Time	AM / PM	LA/RA MF	T/Lot #	Exp Date	
By (Print Name)		(Title)	(Signatur	e)		
(DO NOT cover injection site with band-aid or adhesive tape as some employees may have a reaction to the adhesive.)						
READ: Date	Time	AM / PM	Results: Indu	rationn	nm Erythemamm	
Return to EHS for 2 nd Step T	ST: ☐ Within 7-30	days □ After	30 days □ Not	• •	to Employee, Date	