

TUBERCULOSIS AND IMMUNE STATUS VERIFICATION FORM

**TUBERCULOSIS SCREENING/IMMUNITY REQUIREMENTS
CREDENTIALLED PHYSICIANS AND ALLIED HEALTH PROFESSIONALS**

Providing tuberculin test screening (skin or blood test) results and complete evidence of immunity to vaccine-preventable diseases is a requirement for obtaining privileges to provide patient care in HealthEast facilities.

1. **Complete the requested information** on the this form and submit it to HealthEast Employee Occupational Health at kmlopez@healtheast.org
2. **For unknown status:** you must obtain tuberculin testing and/or serology from your primary care provider. A tuberculin skin test (TST) may also be obtained via HealthEast Employee Occupational Health.

TUBERCULOSIS SCREEN

- Must have documented evidence of negative TST in past 12 months.
- Previous **positive TST not due to BCG = chest x-ray and assessment for symptoms**
- Previous **positive due to BCG = Obtain TST or Blood test** (QuantiFERON – TB Gold test)

(Please check **all** that apply):

A. ***Negative skin test** (*must be within the last 12 months*). Date: _____
A copy of results is required.

A TST is not contraindicated for persons who have been previously vaccinated with BCG.
Obtain TST or blood test.

B. ***Positive skin test:** _____ mm. Date: _____ Reason for positive: Infection/exposure BCG
 Treatment for exposure, latent infection or active disease. Dates: From _____ to _____ .
 Medication(s): _____
 Chest x-ray (*evaluation for new positive skin test*). Date: _____
 Negative
 Positive

C. **QuantiFERON – TB Gold Test** (*blood assay for *M. tuberculosis**). May be submitted in lieu of skin test:
Note: not currently available through HealthEast. A copy of results is required.

Date: _____ Results: _____

D. **Symptoms:** No symptoms of TB infection currently present (i.e. fever, night sweats, hemoptysis, cough).

***Tuberculin Skin Test Interpretation:**

An induration of ≥ 10 mm is considered a positive result for healthcare workers.
 Results must be reported in millimeters and not as “negative” or “positive”. (CDC Recommendations 12/05)

NOTE:

- The **self-reading of the tuberculin skin test (TST) is not acceptable.**
- Tuberculin skin tests may be obtained and read by HealthEast Employee Occupational Health.

Please complete the following immunity information.

(Required documentation*: serology results and date OR vaccination dates)

CHICKENPOX (Varicella)* - Immunity is defined as one of the following (please check one):

- Reliable history of chickenpox or shingles (i.e. can vividly recall illness, scars).
- *Positive serology indicating immunity to chickenpox. Date: _____
- *Two doses of chickenpox vaccine: Dates: (1) _____, (2) _____
- *Immune status unknown: See # 2 in Direction Box on first page

MEASLES (Rubeola)* - Immunity is defined as one of the following (please check one):

- Date of birth before 1/1/1957.
- MD diagnosis of measles.
- *Positive serology (antibody test) indicating immunity to measles. Date: _____
- *Two doses of vaccine (MMR, MR or Measles). Date: (1) _____, (2) _____
- *Immune status unknown: See # 2 in Direction Box on first page

RUBELLA* - Immunity is defined as one of the following (please check one):

- Date of birth before 1/1/1957.
- *Positive serology (antibody test) indicating immunity to rubella. Date: _____
- *One dose of vaccine (MMR, MR, or rubella). Date: _____
- *Immune status unknown: See # 2 in Direction Box on first page

MUMPS* - Immunity is defined as one of the following (please check one):

- Date of birth before 1/1/1957.
- MD diagnosis of mumps.
- *Positive serology (antibody test) indicating immunity to mumps. Date: _____
- *Two doses of vaccine (MMR, or Mumps). Dates: (1) _____ (2) _____
- *Immune status unknown: See # 2 in Direction Box on first page

HEPATITIS B (please check all that apply):

- Completion of vaccine series. Dates: (1) _____, (2) _____, (3) _____
- Positive serology (antibody test) indicating immunity to Hepatitis B. Date: _____
- Immune status unknown (note: immunity verification recommended).
- I understand that Hepatitis B vaccine is strongly recommended for healthcare personnel; however, I have chosen to decline vaccination.

TETANUS IMMUNIZATION – Td booster is recommended every 10 years. As of March 2006, Tdap vaccination (Tetanus, Diphtheria, Pertussis) is recommended one time in place of a Td if it has been ≥ 2 years since last Td.

INFLUENZA IMMUNIZATION – Strongly recommended annually for all healthcare providers.

I certify that the above information regarding my TB screen and my immunity status is correct.		
Name (print) _____	Signature _____	Date _____

For Internal Office Use Only.			
<input type="checkbox"/> Sent to Infection Control	Date: _____	Init. _____	N/A
<input type="checkbox"/> Approved by Infection Control	Date: _____	Init. _____	

Infection Prevention & Control/Epidemiology

Memo

Date: Monday, December 4, 2006

To: Physicians and Allied Professionals Applying for Privileges at HealthEast

From: Luis Villar, M.D., HealthEast Epidemiologist 
Boyd Wilson, System Director, Infection Prevention & Control/Epidemiology *BW*

Re: **Mantoux (Tuberculin) Skin Testing and prior BCG Vaccination**

This memorandum is to clarify the requirements for Mantoux skin testing as it relates to prior vaccination with BCG (Bacillus Calmette-Guerin).

Tuberculin skin testing is not contraindicated for persons who have been vaccinated with BCG, and the skin test results of such persons can be used to support or exclude the diagnosis of *Mycobacterium tuberculosis* infection.

No method can reliably distinguish tuberculin reactions caused by vaccination with BCG from those caused by natural mycobacterial infections. A diagnosis of *M. tuberculosis* infection and the use of treatment for infection should be considered for any BCG-vaccinated person who has a tuberculin skin-test reaction of ≥ 10 mm of induration.

The tuberculin skin test results are used to support or exclude the diagnosis of latent TB infection. Skin test results in persons vaccinated with BCG should be interpreted using the same criteria for those not BCG vaccinated.

References:

"Neither the tuberculin skin test (TST) nor the QuantiFERON TB Gold test (QFT-G) is contraindicated for persons who have been vaccinated with BCG."

- TB Facts for Health Care Workers 2006. Department of Health and Human Services, Centers for Disease Control & Prevention, National Center for HIV, STD, and TB Prevention, Division of Tuberculosis Elimination.

"Tuberculin skin testing is not contraindicated for persons who have been vaccinated with BCG"
- CDC Division of Tuberculosis Elimination, Core Curriculum on Tuberculosis, 2000.

"Conduct baseline testing of all personnel (including personnel with a history of BCG vaccination) during their pre-employment physical examination and application for hospital privileges."

- CDC Guideline for Infection Control in Health Care Personnel, 1998. American Journal of Infection Control (1998; 26:289-354).



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