INTENTIONAL GROUP CNA TRAINING PROGRAM TB SCREENING AND TESTING VERIFICATION

SECTIO	DN 1 - EN	IPLOYE	E COMPLETES		
Employee Name:			Facility		
Job Title:			Phone:		
In addition to skin testing, monitoring TB. Please answer all questions be that you have been infected with the not mean you have active tuberculo	ng for symelow. Note tubercul	ptoms is e: If you osis bac	an effective method of	detecting a	active
Questionnaire					
Do you have a positive skin test history?			Yes		No
Have you ever been treated for tuberculosis?			Yes	No	
Do you have these signs or symptoms?			165	NO	
Cough lasting at least 3 weeks?		No	Loss of appetite?	Voc	NI-
Weight loss without dieting?	Yes	No	Coughing up blood?	Yes	No
Descript of the control of		No		Yes	No No
Night accepted	Yes	No	6.	Yes	No No
Skin Test Information	- RN TES	TING S	TAFF COMPLETES		
RN Name/License:					
Date/time Administered:		-			
Arm on which Administered:					
Manufacturer of PPD Solution:		-			-
Expiration Date of PPD Solution:			Lot #:		Actor and the second
Results					
Date/time of Reading:			Induration:		
Comments and Adverse Reaction(s)	, if any: _		miduration.		mm
Printed Name/License of Reader:		-			
Signature:					
			Date:		

07/30/20