TROCAIRE COLLEGE

Tuberculin Skin Tests (TST) Annual Symptom Review

(For those testing positive on TST (PPD) skin test)

******MUST BE COMPLETED BY STUDENT AND HEALTHCARE PROVIDER******

You have previously provided Trocaire College with the results of a chest x-ray and a medical review for tuberculosis screening. Since you have a history of a positive Tuberculin skin tests (PPD), an annual evaluation of your health status is required. The New York State Department of Health highly recommends an annual review for all students that will be providing direct care to patients.

PART I: ***(To be completed by the STUDENT prior to seeing their Health Care Provider)***

NAME: _____ _____ **DOB: _____**

Date of Initial Positive TST: _____ **Date of last Chest X-ray: _____**

Please review the list and circle the appropriate response indicating any symptoms you currently have, or have had, in the past 12 months.

Chronic/persistent cough	**Yes**	**No**
Cough or spit up blood	**Yes**	**No**
Unexplained significant weight loss/appetite	**Yes**	**No**
Persistent fever	**Yes**	**No**
Night sweats	**Yes**	**No**
Unexplained fatigue	**Yes**	**No**
Chest pains	**Yes**	**No**

Student Signature: _____ **Date: _____**

PART II: ***(To be completed by the HEALTHCARE PROVIDER)***

Assessment: _____

_____

_____

Healthcare Provider's Signature: _____ Date: _____

Healthcare Provider's Name Printed_____

Healthcare Provider's Address and Contact Information: _____

_____

Tuberculin Skin Test (TST) Record Form

Patient Information

Name: _____

Address: _____

Skin Test Information

Administrator Name: _____

Date/time Administered: _____

Arm on which Administered: _____

Manufacturer of TST Solution: _____

Expiration Date of TST Solution: _____

Lot #: _____

Results

Induration: _____mm Date/time of Reading: _____

Comments and Adverse Reaction(s), if any*: _____

_____

Name of Reader: _____

Signature: _____

*************If TST 15mm or greater a copy of a chest x-ray is required*************

MAIN CAMPUS
360 Choate Avenue
Buffalo, NY 14220
716-826-1200

2262 Seneca Street
Buffalo, NY 14210
716.826.1200

EXTENSION CENTER
6681 Transit Road
Williamsville, NY 14221
716-827-4300