STAFF TB SCREENING LOG

Name	TST: Reading Date	TST mm	Chest X-ray Date	Med. Evaluation Treatment Outcome

INSTRUCTIONS:

- Question staff members for TB symptoms yearly and whenever indicated
- TST required yearly. If TST is positive, no further TST is needed
- TST positive criteria: $\geq$ 10mm
- TST positive staff should be referred to own medical provider for a chest xray and evaluation for TB preventive therapy
- Copy TST documentation and chest x-ray report for program records
- HIV positive (regardless of TST result): Mandatory chest x-ray prior to working and yearly; needs TST and “TB clearance”
- Notify TB Control Drug Treatment Program Coordinator when staff members develop a newly positive TST