☐ TB Contact Investigation CHART #: _____ DSW#: _____ UCSF#: _____ Surveillance Form - Revised 05/14/2019

ZUCKERBERG SAN FRANCISCO GENERAL TB SURVEILLANCE FORM

PLEASE COMPLETE ALL HIGHLIGHTED AREAS

Instructions *Tuberculin skin tests (TST) must be read within 48-72 hours.* **PLEASE WRITE LEGIBLY.**

Name: *Last:* _____ *First:* _____ M.I. ___ Employer: O UCSF O ZFGH O Other

Today's Date: ___/___/___ Date of Birth: ___/___/___ **Gender:** O Male O Trans Female O Female O Trans Male O Genderqueer O Gender Non-Binary O Not Listed O Decline to state. What was your sex assigned at birth? O Male O Female O Declined/Not Stated

SS#: XXX-XX-____ **Work Title:** _____ Job **Class#:** _____ Supervisor's Name: _____

Department: _____ Location: _____ Work Phone#: _____

Home Address: _____ Home/Cell Phone: _____

City: _____ State: _____ Zip: _____

I. In the past year, did you have any of the following symptoms **for more than three weeks at any one time?** Yes No

❶ Drenching night sweats	NO
❷ Persistent fever	NO
❸ Unexplained fatigue	NO
❹ Unexplained weight loss	NO
❺ Unexplained loss of appetite	NO
❻ Swollen glands	NO
❼ Shortness of breath	NO
❽ Persistent coughing	NO
❾ Coughing up blood	NO
❿ Hoarseness	NO

II. Has a healthcare provider told you that your immune system has difficulty fighting infection? Some possible causes of this includes medicine that lower immunity (prednisone, other steroids, anti-rejection drugs, chemotherapy, cancer, radiation therapy, HIV, etc ...), and organ transplants. Yes No — NO

III. Have you had any of the following?

• Is this your **FIRST** TB skin test?	NO
• Previous skin reaction to a TB skin test?	NO
• Previous positive TB skin test?	NO
• History of active TB?	NO
• History of treatment for TB?	NO

Employee/Volunteer Signature: _____ Questi ons?Call Employee Health at 206-3769

For MEDICAL STAFF to Complete

A positive TST is: ❶ ≥10 mm –*or*- ❷ ≥5 mm if person is a close contact to an active TB case, HIV-positive, or immunosuppressed (see # II above).

Clinician comments:

Clinician signature: _____ Date: _____ Specify: ☐1-step ☐2-step ☐Positive TST history

TST #1

PLACEMENT	READING
Date applied: _____ Site: ☐Right forearm ☐Left forearm Dose: 0.1cc ID	Date read: _____ Induration (mm): _____
Brand: ☐Tubersol ☐Other: _____ Lot #: _____ Exp. Date: _____	Designated reader (print name and title below):
Applied by (print name and title): _____	_____
Signature: _____	Signature: _____
Unit/Department: _____	Unit/Department: _____

TST #2

PLACEMENT	READING
Date applied: _____ Site: ☐Right forearm ☐Left forearm Dose: 0.1cc ID	Date read: _____ Induration (mm): _____
Brand: ☐Tubersol ☐Other: _____ Lot #: _____ Exp. Date: _____	Designated reader (print name and title below):
Applied by (print name and title): _____	_____
Signature: _____	Signature: _____
Unit/Department: _____	Unit/Department: _____

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