Calvert Memorial Hospital
Tradition. Quality. Progress.

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MEDICAL STAFF TUBERCULOSIS SCREENING FORM

After receiving a PPD, it is the practitioner's responsibility to read the test 48-72 hrs. after implantation AND report results to the Medical Staff Office.
(>10 mm = positive)

PRINT PRACTITIONERS NAME: _____

PPD IMPLANTATION

Date Administered:_____ Administered By:_____

Time Administered:_____ Site – forearm: right_____ left_____

Lot # & Expiration date: _____ Brand: ❒Tubersol ❒Aplisol

DATE:_____ TIME:_____ INDURATION:___mm READ BY:_____RN/MD

Note size of induration (described as thickening), not redness. Must be read between **48 and 72 hours.**

RESPIRATORY ASSESSMENT (only for individuals with history of positive PPD)

RESPIRATORY HISTORY – to be completed by practitioner; check all that apply.

❒ Unexplained elevated temperature ❒ Persistent cough ❒ Unexplained weight loss > 10 lbs.
❒ Night sweats ❒ Purulent sputum ❒ Fatigue
❒ Difficulty breathing ❒ Bloody sputum ❒ Immuno-compromised condition
❒ Other respiratory illness or symptoms during past year (explain): _____

CHEST ASSESSMENT RESULTS:

❒Normal chest auscultation
-OR-
❒Abnormal chest auscultation (check all that apply)
❒Rales (light crackling, popping, nonmusical)
❒Rhonchi (course rattling)
❒Wheezes (squeaking, grating)
If any of the above are present, describe location:
❒RUL ❒RLL ❒LUL ❒LLL ❒Anterior ❒Posterior

PPD/Chest Assessment completed by (name/title):_____ Date: _____

ORIGINAL TO MEDICAL STAFF OFFICE / COPY TO PRACTITIONER