DATE _____

NAME _____

DATE OF BIRTH _____

RECORD # _____

Place facility logo here.

Pediatric TB Tuberculin Skin Testing Assessment

INSTRUCTIONS

1. Ask these questions to determine whether a Tuberculin Skin Test (TST) is needed.
2. If **ONE** answer is **YES**, there is a need for a TST.
3. **Questionable** responses require evaluation of local/state epidemiological data. Contact your local health department for assistance.
4. Place the TST and have the child return for a reading in 48-72 hours. Do **NOT** allow parental report of the final result.
5. If positive, call your local health department. They will conduct a source investigation if any child under five has a positive TST.

ASSESSMENT QUESTIONS	NO	YES	TST NEEDED?
1. Has the child been exposed to ANYONE with TB disease or TB infection?	☐	☐	**Questionable**
If yes, was it TB disease?	☐	☐	**YES**
If yes, is the status of the TB exposure unknown?	☐	☐	**YES**
Date of exposure _____			
Length of exposure _____			
If the child has been exposed to TB disease or, if the status of exposure is unknown, place a TST.			
2. Was the child born in or has traveled to one of these areas and spent greater than one week?			
Africa Asia Caribbean Eastern Europe Latin America	☐	☐	**YES**
Other locally identified areas of increased risk for TB.	☐	☐	**Questionable**
3. Has the child been exposed to adults, including their parents, who were born in any of these areas?			
Africa Asia Caribbean Eastern Europe Latin America	☐	☐	**YES**
Other locally identified areas of increased risk for TB.	☐	☐	**Questionable**
If the child was born in any of these areas, traveled to these areas, or has been exposed to adults from these areas, place a TST.			
4. Is the child HIV-positive, immunocompromised, or does the child have other medical risk factors for TB disease?	☐	☐	**YES**

TST PLACEMENT

SITE _____ LOT NUMBER _____

SIGNATURE _____ DATE _____

TST RESULT

READING _____ mm

SIGNATURE _____ DATE _____