

**Iowa Valley Continuing Education
Tuberculosis (TB) Symptom Screen for Nurse Aide Students**

Name (Print): _____ Date _____

Name (Signature): _____

Instructions: Please review and answer the questions below to complete the TB Symptom Screen.

1. Have you experienced any of these symptoms in the past year?

Symptoms	No	Yes
Productive, prolonged cough (greater than 3 weeks)		
Chest pain with cough		
Blood tinged sputum with cough		
Persistent fever		
Night sweats that soak clothing and bedding		
Chronic easily fatigue		
Undesired loss of appetite/weight loss		
Persistent shortness of breath		

2. Have you had contact with a person who has active TB in the past 12 months/one year?
 no yes

3. Have you traveled out of the United States in the past 12 months/one year?
 no yes

4. Do you have a medical condition or take medication that suppresses your immune system?
 no yes

5. Have you ever received: Bacille Calmette-Guerin (BCG) Vaccine? (foreign-born in high TB areas) no yes your age year

6. Have you ever tested positive for TB in the past? no yes date

7. Have you had a positive QuantiFERON –TB Gold test? no yes date

Please return this page with your two step TB documentation and immunizations to the Nurse Aide program coordinator.



NURSE AIDE PHASE 1 OR 75 HOUR NURSE AIDE RECORD OF TB RISK ASSESSMENT/EVALUATION & TESTING.

Complete the information below. (Please print)

Last Name	First Name	Middle Name
Date of Birth	Course Number	
Check one: <input type="checkbox"/> Nurse Aide <input type="checkbox"/> EMS <input type="checkbox"/> Phlebotomy Tech		

Yearly TB testing is now required of health care workers in cooperating agencies. Students must have this completed before participating in clinicals. Nurse aide students are required to complete the two step TB test and/or chest x-ray with medical clearance prior to starting nurse aide class.

This section must be completed and signed by your physician (or designee).

Tuberculin Test-2 step PPD Skin Test by Mantoux (NOT TINE) must be within 6 months of the last day of the desired class. It is recommended that the 2nd TB injection be administered 1-3 weeks after the first test is read. A minimum of 10 days are needed between TB test #1 and #2. Induration greater than 10.0 mm requires chest x-ray and prophylactic treatment consideration.

TB SKIN TEST	Date placed mm/dd/yy Signature of Administrator	Date Read mm/dd/yy	Results in mm Induration*	Signature of reader
#1 TB skin test				
#2 TB skin test				
*IF POSTIVE Test (equal to or greater than 10mm) complete the following:				
	Date of Chest X-Ray	Chest X-Ray results		
Chest X-Ray		Copy of signed Chest x-ray report required		
Is treatment plan indicated? Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No	If treatment plan is indicated please describe below.			

This student is medically cleared and not contagious and is able to participate in the nurse aide clinical experience in the long term care facility.

Date	Signature of Physician (or designee)	Phone
	Address	
	City/State/Zip	