

Salina Surgical Hospital  
Employee PPD (TB Skin Test)

Employee Name: ANDI STAMPER

Date: 6/21/24

Allergies: DOXYCYCLINE

Baseline Individual TB Risk Assessment/Screening

A) Temporary or permanent residence of 1 month in a country with a high TB rate (any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe)?

Yes ☐ No ☒

B) Current or planned immunosuppression (including HIV infection, organ transplant recipient, treatment with a TNF-alpha antagonist, chronic steroids or other immunosuppressive medication)?

Yes ☐ No ☒

C) Close contact with someone who has had infectious TB disease since the last TB test?

Yes ☐ No ☒

D) History of a positive TB skin test?

Yes ☐ No ☒

E) Out-of-country travel within the past 12 months?

Yes ☐ Where                       
No ☒

F) History of BCG (bacillus Calmette-Guerin)?

Yes ☐ Date                       
No ☒

Symptoms not related to other illness (mark those that apply)

☐ Coughing lasting > 2 week ☐ Bloody sputum  
☐ Fever ☐ Night sweats  
☐ Unexplained weight loss

If previous positive PPD skin test, was CXR done? N/A

Yes ☐ No ☒

If yes, date of CXR:                     

Results:                     

Was medication taken to prevent TB? Yes ☒ N

If yes, what medication:                     

Comments:                     

Employee Health Coordinator Signature: [Signature]

Date: 6/21/24

For RN Use Only

First ☒ Annual Repeat Exposure

Date: 6-21-24 Site: LFA

Lot#: 3CA20C1 Exp. Date: 5/2027

Administered by [Signature]

Results: 0mm Neg 48hrs. ☒ 72hrs.

Date: 6/24/24 Read by: [Signature]

Salina Surgical Hospital  
Employee PPD (TB Skin Test)

Employee Name: ANDI STAMPER

Date: 7/8/24

Allergies: DOXYCYCLINE

Baseline Individual TB Risk Assessment/Screening

A) Temporary or permanent residence of 1 month in a country with a high TB rate (any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe)?

Yes ☐ No ☒

B) Current or planned immunosuppression (including HIV infection, organ transplant recipient, treatment with a TNF-alpha antagonist, chronic steroids or other immunosuppressive medication)?

Yes ☐ No ☒

C) Close contact with someone who has had infectious TB disease since the last TB test?

Yes ☐ No ☒

A) History of a positive TB skin test?

Yes ☐ No ☒

B) Out-of-country travel within the past 12 months?

Yes ☐ Where                       
No ☒

C) History of BCG (bacillus Calmette-Guerin)?

Yes ☐ Date                       
No ☒

Symptoms not related to other illness (mark those that apply)

☐ Coughing lasting > 2 week ☐ Bloody sputum  
☐ Fever ☐ Night sweats  
☐ Unexplained weight loss

If previous positive PPD skin test, was CXR done? NA

Yes ☐ No ☒

If yes, date of CXR:                     

Results:                     

Was medication taken to prevent TB? Yes ☒ N

If yes, what medication:                     

Comments:                     

Employee Health Coordinator Signature: [Signature]

Date: 7/8/24

For RN Use Only

First ☐ Annual ☒ Repeat Exposure

Date: 7/8/24 Site: RFA

Lot#: 3CA20C1 Exp. Date: 5/27

Administered by [Signature]

Results: 0mm (3) 48hrs. ☒ 72hrs.

Date: 7/10/24 Read by: [Signature]