

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  No

If yes, what medication: \_\_\_\_\_

Comments: \_\_\_\_\_

Employee Health Coordinator Signature: [Signature]

Date: 6/27/24

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: 6/27/24 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  No

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]