



IUPUI

CAMPUS HEALTH

INDIANA UNIVERSITY-PURDUE UNIVERSITY
Indianapolis

Tuberculosis Surveillance

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
First Middle Initial Last

Gender: M / F Student ID#: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Purpose: Annual / New Hire / Exposure / Matriculation / Other \_\_\_\_\_

Affiliation: Faculty / Resident / Fellow / Staff / Student Graduating Class of: \_\_\_\_\_

Dept/Program: Medicine / Nursing / Dentistry / Health/Rehab Science / Other: \_\_\_\_\_

Are you also employed by IU Health Physicians? [ ] YES [ ] NO If Yes, what Department? \_\_\_\_\_

Allergies: \_\_\_\_\_ History of BCG: Yes / No History of + TST Results: Yes / No

TST Placement Results
Date: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
Forearm Site: LEFT / RIGHT Result: NEGATIVE / POSITIVE
Solution: TUBERSOL / APLISOL Induration \_\_\_\_\_ mm
Lot#: \_\_\_\_\_ Read By: \_\_\_\_\_
Expiration Date: \_\_\_\_\_
Given By: \_\_\_\_\_
Must be read within 48 - 72 hours of administration
Read AFTER Date: \_\_\_\_\_ Time: \_\_\_\_\_
Read BEFORE Date: \_\_\_\_\_ Time: \_\_\_\_\_

T-Spot/Q-Gold Date: \_\_\_\_\_ Result: \_\_\_\_\_

TB Questionnaire Completion Date: \_\_\_\_\_ Asymptomatic / Symptomatic Compliant Until: \_\_\_\_\_
(Circle One)

Proof of Negative CXR after +TST: Yes / No Signed: \_\_\_\_\_

Return completed forms to the clinic for Indiana University compliance purposes. Return completed forms by:

Fax: 317-278-6929 E-mail or scan: healthsv@iupui.edu

If you are a Medical Staff member at an IU affiliated hospital, please email documentation of TB surveillance to the applicable Medical Staff Office:
IU Health Medical Staff juhealthCVO@iuhealth.org (fax)317-968-1060
Eskenazi Medical Staff Office Melissa.Person@eskenzihealth.org (fax)317-880-0302
Roudebush VA Medical Staff Office Mary.Rearick@va.gov (fax)317-988-8382

TB Surveillance is valid for one year. I acknowledge receipt and copy of my TB Surveillance Results.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Signature: \_\_\_\_\_

B 22.1 Attachment A Rev 03/23/2016
D 8.1 Attachment F Rev 03/23/2016
E 14.2 Attachment C Rev 03/23/2016