

EMPLOYEE TUBERCULIN SKIN TEST (TST) AND EVALUATION

CDCR 7336 (Rev. 03/20)

Confidential Employee Medical Information

INSTRUCTIONS: Tuberculosis (TB) screening must be performed by a licensed health care provider whose legally authorized scope of practice allows them to conduct medical examinations and/or the Mantoux TST in accordance with the recommendations of the Centers for Disease Control and Prevention (CDC) to determine if a person has TB infection or disease.

Employee (Complete Section 1. Type or print clearly.)

Section 1 Employee Information	
Employee Full Name (First, MI, Last)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary
Birthdate (MM/DD/YYYY)	PERNR New Employee/Cadet? <input type="checkbox"/> Yes <input type="checkbox"/> No
Institution/Facility/Program	Unit/Location Department (If not CDCR)
Employee Signature	Date

Health Care Provider (Complete Sections 2 - 7, as required. See instructions on Page 2 of 2.)

Section 2 TB History and Treatment (Private providers, please attach documentation of prior history.)
History of treatment of TB infection or disease: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section 6. Date of results of previous TST: _____ Induration _____ mm <input type="checkbox"/> Not applicable Date and results of previous Interferon-Gamma Release Assay (IGRA): _____ <input type="checkbox"/> Not applicable Treatment: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, type of drug prescribed: _____ Start and stop dates of drug: _____

Notice: HIV and other medical conditions may cause a TST to be negative when TB infection is present.

Section 3 Tuberculin Skin Test (TST) Administration				
TST <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Tubersol Lot #: _____ <input type="checkbox"/> Aplisol Expiration Date: _____	TST Administered By (Print Name)	Signature	Date
Injection Site <input type="checkbox"/> Left Forearm (LFA) <input type="checkbox"/> Right Forearm (RFA)	Injection Date and Time	Interpretation <input type="checkbox"/> Positive <input type="checkbox"/> Negative	TST Result Induration: _____ mm	Date and Time of Symptom Evaluation

Section 4 TB Blood Test			
TB Blood Test <input type="checkbox"/> Yes <input type="checkbox"/> No	TB Blood Draw Date and Time	TB Blood Test Results <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Date and Time of Results
TB Blood Test Administered By (Print Name)		Signature	Date

Section 5 Evaluation for Signs and Symptoms (Complete for all individuals.)	
<input type="checkbox"/> No Symptoms	Symptoms (Check all that apply) <input type="checkbox"/> Persistent Cough (>2 Weeks) <input type="checkbox"/> Unexplained Weight Loss <input type="checkbox"/> Unexplained Fever <input type="checkbox"/> Unexplained Fatigue <input type="checkbox"/> Unexplained Night Sweats <input type="checkbox"/> Other: _____

Section 6 Chest X-Ray (Complete for all positive TB test results, as required by the CDC.)	
Chest X-ray Report <input type="checkbox"/> On File <input type="checkbox"/> Copy Attached <input type="checkbox"/> Chest X-Ray Needed	Chest X-Ray Results <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Consistent with TB

Section 7 Evaluation			
<input type="checkbox"/> Employee Referred for Follow-Up Medical Evaluation <input type="checkbox"/> Employee Provided Written Notification of TB Screening Results			
Comments:			
<input type="checkbox"/> EMPLOYEE IS FREE OF INFECTIOUS TUBERCULOSIS			
Licensed Evaluator (Print Name)	License Number	Licensed Evaluator Signature	Date

EMPLOYEE TUBERCULIN SKIN TEST (TST) AND EVALUATION

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The California Penal Code, Section 6006 et seq., requires all California Department of Corrections and Rehabilitation (CDCR) employees and certain other individuals to have an initial, annual, and as medically necessary, Mantoux Tuberculin Skin Test (TST) or evaluation. The testing must occur as instructed below. The employee must provide the results of the TST or Tuberculosis (TB) blood test and evaluation on the required Employee Tuberculin Skin Test (TST) and Evaluation (CDCR 7336) form.

Definitions:

- **Induration:** Swelling or raised skin. **Note:** The presence of erythema is NOT indicative of a TST reaction; only the induration is measured.
- **Mantoux TST:** Intradermal injection of 0.1 milliliters (ml) of Purified Protein Derivative, 5 Tuberculin Units (TU).
- **Prior TST:** A Mantoux TST in which clearly documented and dated results are available in millimeters (mm).
- **Negative TST Result:** Induration of less than (<) 10 mm if new, or < 5 mm, if contact or known immunocompromised.
- **Positive TST Result:** Induration equal to or greater than (>) 10 mm, OR > 5 mm if contact or known immunocompromised.

CDCR Health Care Providers (HCP) shall not ask CDCR employees about non-TB health history, including immunosuppressive conditions.

The Centers for Disease Control and Prevention (CDC) and the California Tuberculosis Controllers Association recommend the following:

1. The tine test is NOT an acceptable skin test to determine exposure to the TB bacillus. The only acceptable screening methods for detecting TB infection are TB screening tests that are licensed by the Federal Food and Drug Administration (FDA) and recommended by the CDC.
2. A chest X-ray (CXR) cannot be used to definitively diagnose TB. However, a CXR may be used to rule out the possibility of pulmonary TB in a person who has had a positive reaction to a TST or TB blood test and no symptoms of disease.
3. The process for administering, evaluation, and documenting the Mantoux TST are:
 - a) Must be given intradermally.
 - b) 0.1 ml (s) of 5 TU Purified Protein Derivative must be used.
 - c) The test must be interpreted by a qualified HCP.
 - d) Results must be documented in mm(s) of induration.

Instructions: Employee

Section 1: Complete all items in Section 1.

- Provide accurate and complete information.
- Ensure the health care provider(s) (HCP) administering and evaluating the TST, including the exam for TB signs and symptoms, completes, signs, and dates the form.
- Advise the HCP to follow the steps below when completing Sections 2 through 7.
- If a CXR is needed, you are required to submit a copy of the CXR report with this form for clearance to be placed in your health record.
- Submit the completed Employee Tuberculin Skin Test (TST) and Evaluation (CDCR 7336) form, in a sealed envelope.

Instructions: Health Care Provider (HCP)

Section 2: Complete Section 2, if applicable.

Complete this section if prior TST or TB blood test results and treatment are available. The employee or HCP must provide written documentation including the date test was administered, reaction in mm or IGRA, treatment, and drug administered (if any) start and stop dates.

If documented results are:

- NEGATIVE and more than 30 days old, proceed to Section 3.
- NEGATIVE and less than 30 days old, proceed to Section 5.
- POSITIVE on any date, complete Sections 5, 6, and 7.

If there are no appropriately documented prior TST or TB blood test results, continue to Section 3.

Section 3: Administer a new TST and document the test results in Section 3. The HCP administering the TST in Section 3 must sign and date the appropriate blocks. The block identified as "Date and Time of Results" refers to date the employee's TB status is determined.

If documented results are:

- NEGATIVE, complete Sections 5 and 7.
- POSITIVE, complete Sections 5, 6, and 7. A copy of CXR report must be attached for all POSITIVE results.

Section 4: Administer a new TB blood test and document the test results in Section 4. The HCP administering the TB blood test must sign and date the appropriate blocks. The block identified as "Date and Time of Results" refers to date the employee's TB status is determined.

If documented results are:

- NEGATIVE, complete Sections 5 and 7.
- POSITIVE, complete Sections 5, 6, and 7. A copy of CXR report must be attached for all POSITIVE results.

If an individual claims to have a prior positive TB blood test or TST, but is unable to provide appropriate documentation, a TST or TB blood test must still be administered. This is not medically contraindicated. However, a diluted TST may be administered by the following method: dilute 0.2 cc of the standard 5 TU/0.1cc solution with 0.8 cc of sterile saline; use 0.1 of the solution to administer the TST. **Note:** This is not a CDCR procedure. If the results are positive, no further testing is necessary. If the administered or documented TB blood test shows a negative result, the employee most likely does not have the TB infection. Factors affecting the immune system, pregnancy, or recent TB infection may cause a false negative TST or TB blood test reaction, even when TB disease exists. If the TB blood test or TST indicates a positive reaction, further medical evaluation and a CXR are required to rule out active TB disease.

Section 5: Complete the evaluation for all employees. Three or more symptoms warrant special concern.

Section 6: Complete this section for individuals with a prior documented or newly significant TST or TB blood test. If a prior CXR report is on file, attach a copy of the CXR report to this form and mark the applicable results. If the individual does not have CXR report on file, administer a CXR, attach a copy of the report, and check the applicable results. The CXR report is required by CDC.

Section 7: The HCP, Physician, Surgeon or licensed designee evaluating for TB signs and symptoms must complete this section. Evaluators may note comments, as necessary. Check the box if the employee is free of infectious TB, print name, enter license number, sign, and date this section.

After evaluation or treatment, provide the original completed and signed CDCR 7336 form to the employee for return to CDCR.