



## TUBERCULOSIS SKIN TESTING FOR STUDENT TEACHERS

TB skin tests are given as close to the semester of student teaching as possible, preferably within 90 days of student teaching. For student teaching in the FALL semester, testing begins April 30<sup>th</sup> of the previous semester. For student teaching in the SPRING semester, testing begins October 30<sup>th</sup> of the previous semester. **Watch for postings about TB testing clinics. Original TB clearance slip is turned into the Student Teaching Office.**

The Illinois Department of Public Health requires the one-step TB test for teaching Kindergarten through 12<sup>th</sup> grade. If teaching pre-kindergarten, a two-step TB test is required. **If you have your skin test conducted outside of EIU Health Service, follow the instructions below.**

### One-Step TB Skin Test

1. Go to the Public Health Department or TB Clinic in your area. We will not accept testing from personal medical doctors unless the testing is done as described in this procedure.
2. Advise the personnel that you need a one-step TB test conducted by this procedure.
  - ❖ Use PPD
  - ❖ Test is given, then read 2 days following date given.
  - ❖ Complete written verification information of the TB test on the back of this sheet with the following data:
    - Symptoms screening date
    - Date given
    - Date read
    - Signature of nurse or MD that read the results
    - The actual results of test in MM
    - What product was used (Tubersol/Mantoux)
3. **Make 3-5 copies of your completed TB verification form.** Send one copy to your coordinator. Send one copy to your cooperating teacher. Retain a few copies for your personal portfolio for your future job hunting.
4. **Send original verification form to:** Eastern Illinois University Health Service, 600 Lincoln Ave., Charleston, IL 61920. Telephone: (217) 581-3015; Fax: (217) 581-3899

### Two-Step TB Skin Test

1. Go to the Public Health Department or TB Clinic in your area. We will not accept testing from personal medical doctors unless the testing is done as described in this procedure.
2. Advise the personnel that you need a two-step TB test conducted by this procedure.
  - ❖ Use PPD
  - ❖ First test is given and then read 7 days following date given.
  - ❖ Second test is given on date when first test is read. Second test is read 2 days after being given.
  - ❖ Complete written verification information of the TB test on the back of this sheet with the following data:
    - Symptoms screening date
    - Date given
    - Date read
    - Signature of nurse or MD that read the results
    - The actual results of tests in MM
    - What product was used (Tubersol/Mantoux)
3. **Make 3-5 copies of your completed TB verification form.** Send one copy to your coordinator. Send one copy to your cooperating teacher. Retain a few copies for your personal portfolio for your future job hunting.
4. **Send original verification form to:** Eastern Illinois University Health Service, 600 Lincoln Ave., Charleston, IL 61920. Telephone: (217) 581-3015; Fax: (217) 581-3899

Before receiving a TB skin test, each individual should have a symptoms screening, stating any past history of exposure and informing the nurse/physician of any prior positive skin test reaction. All known positive skin test reactors should have a signs and symptoms check as listed below. If a person has any symptoms, a physician should evaluate him/her.

### Signs and Symptoms of Tuberculosis

#### Pulmonary (of the lungs)

Productive, prolonged cough (duration of greater than 3 weeks)  
Chest Pain  
Hemoptysis (coughing up blood)  
Dyspnea (difficulty breathing)  
Weight loss of more than 10% of body weight  
Low-grade fever

#### Systemic (of the body)

Fever  
Chills  
Night sweats  
Loss of appetite

Other considerations:

- ❖ Compromised immune system due to other diseases/medications (HIV/AIDS)
- ❖ Compromised immune system due to medications (prolonged corticosteroid therapy)
- ❖ Individuals that inject drugs
- ❖ Those who reside in, volunteer in or work in high risk settings such as prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters.
- ❖ Clinical conditions such as diabetes, chronic renal failure, leukemia's or lymphomas low body weight, gastrectomy and jejunoileal by-pass, chronic malabsorption syndromes.
- ❖ General anesthesia within last 9 months.
- ❖ Blistering at site of testing

TB should be considered in persons who have these symptoms, even if their TB skin test is read as negative.

### **TB Test Verification Form**

**If TB test is done off campus, this form is to be completed by medical personnel and sent to the Health Service to verify TB test compliance.**

This is to certify that \_\_\_\_\_, SS

# \_\_\_\_\_ is free of tuberculosis in a communicable form.

This certification is based on:

\_\_\_\_\_ (a) Negative TB symptoms screening on \_\_\_\_\_. (must be completed)

\_\_\_\_\_ (b) PPD one-step given on \_\_\_\_\_ and read on \_\_\_\_\_ results \_\_\_\_\_ mm.

\_\_\_\_\_ (c) PPD two-step given on \_\_\_\_\_ and read on \_\_\_\_\_ results \_\_\_\_\_ mm.

\_\_\_\_\_ given on \_\_\_\_\_ and read on \_\_\_\_\_ results \_\_\_\_\_ mm.

\_\_\_\_\_ (d) Chest x-ray taken on \_\_\_\_\_ (date), and copy of x-ray results attached.

Verified by \_\_\_\_\_ Date \_\_\_\_\_

RN or Physician Signature