

Examination Protocol for Exposure to: TUBERCULOSIS

This form is subject to the Privacy Act Statement of 1974

Date	Patient Name	SSN	Unit
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IF EXAM TYPE IS	DO or COMPLETE THESE ITEMS
Initial/Baseline (one time only)	Tuberculin Skin Test (TST), commonly referred to as PPD
Newly reactive TST	Enter Results in the Medical Readiness Reporting System (MRRS) Chest x-ray
Acute Exposure	Tuberculin Skin Test (TST), commonly referred to as PPD Acute Exposure Form contained in Ch.12B of the CG Medical Manual, COMDTINST M6000.1(series)
Periodic follow-up on reactive TST	CG-5447A Periodic History and Report of OMSEP Examination
All Types	Medical Officer notification regarding examination results. (Final action)

To the examining medical officer:

- ◆ You must follow-up any significant abnormality through to a physical diagnosis. Provide ICD codes.
- ◆ For personnel with a prior history of a reactive TST, ensure the patient is questioned about the following symptoms of active TB: fever, night sweats, weight loss, cough, and hemoptysis. This questioning may be completed by a nurse or health services technician.
- ◆ See section 7-D of the Medical Manual for full information on the tuberculosis control program.
- ◆ Forward copy of all test results to the unit OMSEP coordinator.
- ◆ If the patient is on multiple monitoring protocols, ensure each unique item is completed. However, it is not necessary to duplicate tests and forms.

Reviewing Authority Signature	Date
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