

**OKLAHOMA DEPARTMENT OF CORRECTIONS
TST Interpretation Form**

| | | | |
|----------------------------------|---------------------|-----|-------------|
| Employee Name _____ | | | |
| Date of Birth _____ | SSN _____ | | |
| Date TST placed _____ | Date TST read _____ | | |
| TST Placed (circle) | RFA | LFA | Other _____ |
| Reading (mm of induration) _____ | | | |

To the employee:

Your tuberculin skin test (TST) has been read as greater than or equal to 5mm and less than 10mm of induration. In order to interpret this reading as positive or negative you will need to be evaluated by your private physician or local health department. They will need to know specific information about you in order to make the interpretation.

To the physician or local health department:

The correctional environment is a risk factor for exposure to active tuberculosis. It is necessary that employees have their tuberculin skin tests accurately evaluated according to CDC criteria. The CDC criteria for interpreting tuberculin skin tests greater than or equal to 5mm and less than 10mm of induration is found in the "Core Curriculum on Tuberculosis, 2000", page 30. A TST is interpreted as POSITIVE if any of the following risk factors apply to this individual:

1. HIV-positive persons,
2. Exposure to a known case of TB within the last 2 years,
3. Fibrotic changes on chest radiograph consistent with old healed TB,
4. Patients with organ transplants and other immunosuppressed patients.

If none of these risk factors apply to this individual this TST is interpreted as NEGATIVE. Please indicate below by circling the correct interpretation.

| | |
|----------|----------|
| NEGATIVE | POSITIVE |
|----------|----------|

Evaluation Date _____

Name and title of person interpreting the TST (Print) _____

Signature of person interpreting the TST _____

Note to physician or local health department: Please do not indicate on this form the status of the risk factors being evaluated.