**TB skin testing is no longer recommended for:**

* Low-risk populations
* Any age level for students in Florida schools or universities
* Pregnant women
* Teachers, school bus drivers, workers at day centers or Head Start / Early Head Start centers, and food handlers

**Symptom Screening should be utilized for any screening effort to detect active TB in the following groups:**

* Symptom screening should be conducted upon entry or employment for low-risk persons in settings where transmission would be facilitated, (e.g., daycare centers, HS/HES Centers)

**Questions to include for symptom screening:**

 **Yes No**

 **\_\_\_\_\_\_ \_\_\_\_\_\_** Do you have or have you recently had a productive, prolonged cough and/or hoarseness lasting for more than 3 weeks?

 **\_\_\_\_\_\_ \_\_\_\_\_\_** Have you had recent unplanned weight loss?

 **\_\_\_\_\_\_ \_\_\_\_\_\_** Have you experienced fever or “night sweats” for more than 1 week?

**IF YES TO ANY OF THESE QUESTIONS, REFER THE EMPLOYEE TO YOUR LOCAL HEALTH DEPARTMENT FOR FURTHER EVALUATION AND TESTING**

Employee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral: Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

Reviewer Signature: \_\_\_\_Ruth Kelley\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_