TEMPLATE: Customize as needed

03/2021

# Exemption from Tuberculin Skin Testing for a Pregnant Health Care Worker

## Attestation:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(physician’s name)** recommend that my patient, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, be exempted from tuberculin skin testing (TST) for the following reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand that the U.S. Centers for Disease Control and Prevention and the Minnesota Department of Health consider TST to be valid and safe during pregnancy and recommend that pregnant women with risk factors (e.g., health care workers) for exposure to tuberculosis (TB) should receive testing.

## Check one:

I will arrange for my patient to receive a TB blood test (i.e., QuantiFERON, T-Spot) as a substitute for TST.

I have been unable to locate a laboratory that will perform a TB blood test (i.e., QuantiFERON, T-Spot) for my patient.

## Signatures:

**Physician signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinic name and phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(employee)** have read the above information and understand that tuberculin skin testing is generally considered safe in pregnant women.

**Employee signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_