



DOCUMENTATION OF TUBERCULIN SKIN TESTING (TST)

Patient please complete this section:

Name: _____ DOB: _____

MR#: _____ Company: _____ Dept/CC: _____

- Last PPD (documentation required) Month / year _____ Negative / Positive
 - Have you had BCG vaccine? (circle one) No / Yes _____ (circle one)
- Last Chest X-ray: _____ Where? _____

Employee Health Office Use Only Below this line

Evidence of *active TB*? ☐ No ☐ Yes (Symptom Survey or H&P)
INH Prophylaxis? ☐ No ☐ Yes How long? _____
Quantiferon Test Ordered? ☐ No ☐ Yes Results: _____ Date: _____
Chest X-ray ordered? ☐ No ☐ Yes Results: _____ Date: _____

☐ PRE-PLACEMENT / PRE-EMPLOYMENT

Required if none done within past six months OR per company protocol.

STEP 1 PPD PLACEMENT

Forearm R L (Circle)

Lot # _____ Exp.: _____

Administered by _____

Date: _____

RESULTS

_____ mm of induration

Interpretation by: _____

Date: _____

☐ STEP 2 PPD PLACEMENT REQUIRED

Forearm R L (Circle)

Lot # _____ Exp.: _____

Administered by _____

Date: _____

RESULTS

_____ mm of induration

Interpretation by: _____

Date: _____

☐ PERIODIC _____ Annual _____ Biannual _____ By request _____ Post Exposure**

Circle one: Right arm Left Arm

_____ by _____

Date given

Signature / Printed name / Credentials

_____ by _____

Date read

Signature / Printed name / Credentials

Results: _____ mm Circle: Negative Positive

Lt # _____

Exp. Date: _____

Manufacturer:

_____ Parkdale Pharm.

Other: _____

** Post exposure testing – baseline (if no record of PPD w/in 3 months), and 8-12 weeks

PHYSICIAN, PA, APRN OR NURSE MUST READ TEST WITHIN 48 TO 72 HOURS AFTER PLACEMENT.