



TB (PPD) Testing

Part A: To be completed by employee. Please answer the following questions before taking your PPD TB skin test. These questions help to evaluate potential adverse reactions.

Name _____ SS# _____ Age _____

Employer _____ Occupation _____ Phone _____

	YES	NO
Have you ever had a positive TB skin test?	_____	_____
Have you ever been told not to take a TB skin test because you are allergic to the product it is made of?	_____	_____
Are you taking any systemic steroid medication now or in the last month?	_____	_____
Have you ever received the BCG Vaccination?	_____	_____
Are you pregnant or nursing?	_____	_____

Employee Signature _____ Date _____

Part B: To be completed by personnel administering / reading test.

Reason For Test:

New Hire 1.	Signature _____	Date of test _____
New Hire 2	Signature _____	Date of test _____
Annual	Signature _____	Date of test _____
Post Exposure 1	Signature _____	Date of test _____
Post Exposure 2	Signature _____	Date of test _____

Antigen Used: __ Tubersol __ Apilsol
 Lot # _____ Exp. Date _____
 Site: (L) Forearm __ (R) Forearm __
 Dose _____

Antigen Used: __ Tubersol __ Apilsol
 Lot # _____ Exp. Date _____
 Site: (L) Forearm __ (R) Forearm __
 Dose _____

Results 1

_____ No reaction or redness, induration of less than 5mm diameter
 _____ Redness and induration 5-9mm diameter
 Please Contact Employer
 _____ Positive: Redness and induration 10mm or more in diameter.
 *** Please Contact Employer Immediately***

_____ Chest X-Ray Required
 Date Obtained _____
 Results _____

Date TB Test Read _____
 Signature _____

Results 2

_____ No reaction or redness, induration of less than 5mm diameter
 _____ Redness and induration 5-9mm diameter
 Please Contact Employer
 _____ Positive: Redness and induration 10mm or more in diameter.
 *** Please Contact Employer Immediately***

_____ Chest X-Ray Required
 Date Obtained _____
 Results _____

Date TB Test Read _____
 Signature _____