



**For previous POSITIVE Tuberculin Skin Test, complete the section at the bottom of page.**

**TWO STEP TUBERCULIN SKIN TEST FORM**

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TUBERCULIN SKIN TEST RECORD**

**TEST ONE:**

Manufacturer & Lot number \_\_\_\_\_ Manuf. Exp. Date \_\_\_\_\_ Date vial opened \_\_\_\_\_

Date & time test applied \_\_\_\_\_ AM PM Site of injection \_\_\_\_\_

Name & Title of person placing the skin test \_\_\_\_\_

Signature \_\_\_\_\_

(PPD readings must be 48 – 72 hours after administration.)

Date & Time test read \_\_\_\_\_ AM PM Induration \_\_\_\_\_ mm

Name & Title of person reading & interpreting the skin test \_\_\_\_\_

Signature \_\_\_\_\_

**TEST TWO: Given one to three weeks after Test One.**

Manufacturer & Lot number \_\_\_\_\_ Manuf. Exp. Date \_\_\_\_\_ Date vial opened \_\_\_\_\_

Date & time test applied \_\_\_\_\_ AM PM Site of injection \_\_\_\_\_

Name & Title of person placing the skin test \_\_\_\_\_

Signature \_\_\_\_\_

(PPD readings must be 48 – 72 hours after administration.)

Date & Time test read \_\_\_\_\_ AM PM Induration \_\_\_\_\_ mm

Name & Title of person reading & interpreting the skin test \_\_\_\_\_

Signature \_\_\_\_\_

**IF HISTORY OF POSITIVE TUBERCULIN SKIN TEST RESULTS**

**Submit** documentation of previous positive PPD **or** have provider sign below.

Date of positive PPD:	Results in mm:	Provider Signature
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**Submit** a copy of a **chest x-ray report** taken within the last year.

Date of X-ray:	X-ray results:
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**TB Screening Form** – Please indicate if you have any of the following symptoms:

Yes	No	Chronic Cough	Yes	No	Unexplained weight loss
Yes	No	Production of sputum	Yes	No	Unexplained fatigue/tiredness
		If yes, what color of sputum: _____	Yes	No	Night sweats
Yes	No	Blood-streaked sputum	Yes	No	Fever

Provider signature\*/Title \_\_\_\_\_ Date: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_ Phone #: \_\_\_\_\_

**\*Please note:** the provider’s signature cannot be dated prior to any dates listed above.