

Tuberculosis (TB) Skin Test
Data and Tracking Sheet

Name: _____
(Print Name)

Last 4 SS#: _____ Date of Birth: _____

Please answer the following questions:

Reason for Test: Pre-placement Annual Exposure Other _____

Prior Tuberculosis (TB) Disease? ___Yes ___No If yes, when? _____

Prior Tuberculosis Skin Test (TST or PPD)? ___Yes ___No If yes, when? _____

Results of prior Skin Test: ___Positive ___Negative ___Unknown

In the last 4 weeks, have you been immunized against Measles, Mumps, Rubella (MMR Vaccine),
Varicella (Chickpox Vaccine) and/or Smallpox? ___Yes ___No

Do you currently have any of the following symptoms?

___Cough ___Fatigue(unexplained) ___Fever ___Chills

___Night Sweats ___Weight Loss(unexplained)

During the past year have you had any of the following conditions?

___Diabetes ___Kidney Disease ___Cancer

___HIV ___Steroid Use

Were you born outside the United States? ___Yes ___No If yes, where? _____

Have you traveled outside the United States? ___Yes ___No If yes, where? _____

(Signature)

(Date)

I understand that due to my occupational exposure, I may be at risk of acquiring a Tuberculosis infection. This may result in serious infection that is easily passed from person to person. I have received education about the effectiveness of Tuberculin Skin Testing (TST) or (PPD). I have been given the opportunity to receive this testing, at no charge to myself; however I decline the Tuberculin Skin Testing (TST/PPD) at this time. If in the future I want to receive the Tuberculin Skin Testing, I can receive the testing at no charge to me at the Public Safety Infirmary.

I am declining the Tuberculin Skin Testing provided to me today

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Application Date: _____

Reading

PPD Lot Number/Manufacturer _____

Date: _____

Right Forearm / Left Forearm

MM Induration _____

Placed By: _____

Read By: _____