

PPD Skin Test Record Form

Patient Information

I hereby agree to have a PPD tuberculin skin test.

To my knowledge, I have not previously had a positive skin test for TB, nor have I had a chest x-ray that was positive for TB.

I understand that there may be a reaction to this test in the form of small skin eruption at the site of the injection. I have also been informed that should this test be positive, I will be required to have a chest x-ray. I state that I am not pregnant at this time.

Name: _____ Signature: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: _____
Home Cell or Work

Skin Test Information

Administrator Name: _____

Date/time Administered: _____

Arm on which Administered: _____

Manufacturer of PPD Solution: _____

Expiration Date of PPD Solution: _____

Lot #: _____

Results:

Induration: _____ mm Date/time of Reading: _____

Comments and Adverse Reaction(s), if any: _____

Printed Name and Title (MD/RN/MA) of Reader: _____

Health Care Provider Signature: _____ Date: ____/____/____