



Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor \_\_\_\_\_

Phone #, Pager or email address: \_\_\_\_\_

### PPD (TB) Skin Test Placement

Date Test Applied: _____	Applied by (Name): _____	Site test applied: Left Forearm <input type="checkbox"/> Right Forearm <input type="checkbox"/>
PPD solution manufacturer: _____	Expiration date: _____	Lot Number: _____
Test type (circle one):		
Annual <input type="checkbox"/>	2 Step #1 <input type="checkbox"/>	2 Step #2 <input type="checkbox"/>
Post Exposure baseline <input type="checkbox"/>	Post exposure 8-10 week <input type="checkbox"/>	Repeat for other reason: <input type="checkbox"/>
<b>Read Skin Test 48-72 hours after test applied</b>		

### PPD (TB) Skin Test Results - Read induration (not erythema) in millimeters

Date Test Read _____	Results _____ mm	<input type="checkbox"/> Neg
		<input type="checkbox"/> Pos
Test Read by _____	Department _____	

**FAX results to 874-3410**

If questions, please call Employee Health as needed  
Tara Gonzales, BSN, RN 874-4325; Becky Bedgood, LPN 874-2870  
UPH Hospital - 5<sup>th</sup> Floor Room 543