

STAT Medical Staffing

Date _____

PPD testing NOT appropriate if you have previously PPD reactive or if you have been vaccinated with BCG.

I authorized _____ to administer a tuberculin test. I have not had a reaction to this test. I agree that the nurse administering the test is not responsible for any adverse reactions.

Signature _____

Tuberculin Test

Name _____ Date of Birth _____

Address _____ Phone _____

Date placed _____ Left or Right forearm _____ Apisol lot # _____

Tuberculin, PPD, 0.1 ml intradermally Nurse Signature _____

Date read _____

Results _____ Indurations (mm) _____

Valid only if read between 48-72 hours.

Nurse Signature _____ Date _____

Revised 04/01/2007