



RECORD OF TB SKIN TEST

NAME: _____ Dept./Ext.: Volunteer Date _____

PPD HISTORY: NEGATIVE POSITIVE ___ MM BCG VACCINE
IF PREVIOUS POSITIVE: WERE YOU GIVEN MEDICATION YES NO
FOR HOW LONG _____

SCREEN & SYMPTOMS REVIEW: (DO YOU HAVE ANY OF THE FOLLOWING)

| | | |
|--|-----|----|
| PRODUCTIVE, PERSISTENT COUGH OF 2-3 WEEKS DURATION | YES | NO |
| BLOODY SPUTUM (MUCOUS) | YES | NO |
| NIGHT SWEATS | YES | NO |
| WEIGHT LOSS WITHOUT DIETING | YES | NO |
| LOSS OF APPETITE | YES | NO |
| EASY FATIGABILITY (TIREDNESS) | YES | NO |
| FEVER | YES | NO |

IN THE PAST YEAR HAVE YOU:

| | | |
|---------------------------------------|-----|----|
| GAINED 10 POUNDS OR MORE | YES | NO |
| EXPERIENCE ANY FACIAL INJURY/SCARRING | YES | NO |
| HAD A CHANGE IN DENTAL STRUCTURE | YES | NO |
| GROWN/SHAVED FACIAL HAIR | YES | NO |

VOLUNTEER SIGNATURE _____



PPD PLANTED: LEFT RIGHT READ: 48 HOURS 72 HOURS

PPD GIVEN BY _____

48 HOURS

72 HOURS

ERYTHEMA: YES NO ___MM YES NO ___MM

INDURATION: YES NO ___MM YES NO ___MM

READ BY: _____



CXR ORDERED DATE _____

RESULTS _____