2 Step Tuberculin Skin Test
(TST/PPD/Mantoux)

Print Name

Please read carefully and complete the following.

I hereby request the Center for Health to administer a 2 Step Tuberculin Skin Test.

I understand that the usual positive reactions include redness, swelling, and/or itching at the site.

I understand that a strongly positive reaction may result in the development of vesicles at the site, ulceration and/or necrosis.

I understand that unless I return to have the test read in **48 to 72 hours**, it is not valid and will need to be redone. I understand any test redone will require the same payment as the initial test.

I am pregnant. Y N

I am on corticosteroids. Y N

I am immunocompromised. Y N

I have had: BCG Vaccine Y N

Tuberculosis Y N

A positive TB skin test Y N

Any live virus vaccines in the last 6 weeks Y N

(Such as Chicken Pox or MMR)

I have chronic renal failure Y N

Step One: Signature _____________________________ Date ___________________

Step Two: Signature _____________________________ Date ___________________

Step One

Date Test Placed _____________________________ PPD Placed _______TU

Forearm: R L

Lot # _____________________________ Exp. Date _____________________________ MFR _____________________________

Signature _____________________________

Date of Reading _____________________________ Results _____________________________mm

Signature _____________________________

1. Place on volar forearm.
2. Inject intradermally (wheal).
3. Read induration 48-72 hours after test placed. **(Must be read by Nurse/Physician)**
4. Record results as size of induration in millimeters. (e.g. no/negative induration = 0mm)

Step Two (to be completed no less than 7 days and no longer than 30 days after Step One)

Date Test Placed _____________________________ PPD Placed _______TU

Forearm: R L

Lot # _____________________________ Exp. Date _____________________________ MFR _____________________________

Signature _____________________________

Date of Reading _____________________________ Results _____________________________mm

Signature _____________________________

1. Place on volar forearm.
2. Inject intradermally (wheal).
3. Read induration 48-72 hours after test placed. **(Must be read by Nurse/Physician)**
4. Record results as size of induration in millimeters. (e.g. no/negative induration = 0mm)

Note: All positive results must be seen in the Felician Center for Health