FELICIAN COLLEGE

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 ______________________

For Office Use Only

Date Test Placed ________________ PPD Placed _______TU Forearm: R L
Lot # ________________ Exp. Date ________________ MFR ________________
Signature ______________________________________________________
Number of hours past ——
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