Nevada Occupational HEALTH & INJURY CARE CENTER

TB Skin Test Consent and Results

Name: _____ **Date:** _____ **DOB:** _____

I have had the opportunity to read, or have had explained to me, the importance of the tuberculosis skin test procedure. I have had the opportunity to ask questions about this test and to have these questions answered to my satisfaction. I understand that this test involves injecting a small amount of a diagnostic antigen just under the skin on the inside of my forearm and that a small bruise may appear.

Check all that APPLY:

Do you have any of the following symptoms?

- ☐ **Cough lasting more than 3 weeks**
- ☐ **Bloody sputum**
- ☐ **Night sweats**
- ☐ **Weight loss**
- ☐ **Loss of appetite**
- ☐ **Fever**
- ☐ **None of these**

☐**Yes** ☐**No** **Have you had a TB skin test before?**

☐**Yes** ☐ **No** **Have you ever had a "positive" TB skin test?**

☐**Yes** ☐**No** **Have you ever been treated for tuberculosis?**

☐**Yes** ☐**No** **Have you ever received the BCG Vaccine? (Given outside of the United States which may lead to false positive)**

☐**Yes** ☐**No** **Have you ever experience any ulceration or open weeping sores due to TB injection?**

☐**Yes** ☐**No** **Are you pregnant? If so have communicated with my treating physician?**

☐**Yes** ☐**No not** **You agree to return to have this test read within the required time of 48 to 72 hours? ("self-reading" of the test is acceptable per CDC's guidelines.)**

I hereby request and authorize the above medical center to provide a TB skin test today, and I agree to return for the test reading by the date indicated. Failure to do so may be a barrier to my job placement. All answers to these questions are true and correct.

Signature _____ Date: _____

This Section for Clinic Use Only

Purified protein derivative (PPD): ____ Tubersol or ____ Aplisol Lot#:_____ Exp. Date. _____

Administered by Mantoux technique into: ____left forearm ____ right forearm

Administered by: _____ Date: _____ Time: _____am/pm

RESULTS: _____ millimeters of induration
(Using a ruler, measure induration, not redness. Follow CDC's Summary of Interpretation... in Table S--2, page 62 of Vol. 43/No.RR-13, October 28, 1994)

☐ Positive

☐ Negative

Comments_____

_____

Read by: _____ Date: _____ Time: _____ am/pm