Tuberculin (TB) Skin Test

TB questionnaire to be completed annually

_____ _____ _____ _____-____-_____ _____
Employee First Name Employee Last Name Location SSN Phone

I _____ *(applicant name)*, release hospice from any and all liabilities in connection with the administration, results and interpretation of the TB skin test.

_____ _____
Applicant Signature Date

ONE STEP METHOD
TB Skin Test (PPD solution 0.1cc administered) Date Administered: _____
Solution Lot #: _____ Solution Expiration Date: _____
Time Administered: _____ Location Administered: _____
Administered By: _____ *(name & title)*

Read in 48 to 72 Hours From Administration:

Read by: _____ Results: ○ Positive ○ Negative
Results Description: _____
Time Read: _____ Date Read: _____

TWO STEP METHOD *(This method is to be used for all new staff members who have not had documented proof of a TB test within the last 12 months)*
TB Skin Test (PPD solution 0.1cc administered) Date Administered: _____
Solution Lot #: _____ Solution Expiration Date: _____
Time Administered: _____ Location Administered: _____
Administered By: _____ *(name & title)*

Read in 48 to 72 Hours From Administration:

Read by: _____ Results: ○ Positive ○ Negative
Results Description: _____
Time Read: _____ Date Read: _____

Note: a baseline chest X-ray is needed for those who are + reactors.