



## **TB/PPD FORM**

**Name:**

\_\_\_\_\_ *(Print First, Middle, and Last Name)*

**Test Placed    Right   Left    Arm**

**(Circle the appropriate arm)**

**By:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Test Read (48-72 hours later)**

**By:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Negative:** \_\_\_\_\_ **Induration:** \_\_\_\_\_ **MM**      **Positive:** \_\_\_\_\_

**Date of Chest X-ray:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*(Please provide proof of chest x-ray report)*