



MANTOUX TUBERCULIN TEST-2 STEP METHOD

Name of Person Tested:

Date Test 1 Administered:

Site: Right Forearm Left Forearm Other (describe)

Administered By:

Manufacturer:

Lot Number: Expiration Date:

Date Test 1 Read:

Results: No Reaction Induration mm

Interpretation: Negative Positive

Referred to: N/A County Health Dept. Physician

Signature of RN Interpreting Results:

Name of Person Tested:

Date Test 2 Administered:

Site: Right Forearm Left Forearm Other (describe)

Administered By:

Manufacturer:

Lot Number: Expiration Date:

Date Test 2 Read:

Results: No Reaction Induration mm

Interpretation: Negative Positive

Referred to: N/A County Health Dept. Physician

Signature of RN Interpreting Results:



TUBERCULIN TESTING RESLEASE FORM
300 Washington Avenue Extension, Albany NY 12203

NAME: _____

DATE: _____

- 1. Have you had a PPD within the past year? NO YES
- 2. Have you ever had a positive reaction to the TB test? NO YES
- 3. Have you ever had the measles, mumps, varicella, rubella, yellow fever, oral polio or influenza vaccine within the past 6-weeks? NO YES
- 4. Have you received corticosteroids or immunosuppressive agents within the past 6-weeks? This could include drugs to treat rheumatoid arthritis, asthma, organ transplant, psoriasis, irritable bowel disease, etc. NO YES
- 5. Have you had measles, German measles, influenza or mumps within the past 6-weeks? NO YES

If YES is checked, you may not be able to receive the PPD test at this time. Administering RN must document an explanation of any YES answers: _____

I, _____ voluntarily consent to have the PPD test administered intradermally (just under the skin) as a screening method for Tuberculosis.

Although side effects or adverse reactions to the PPD skin test are rare, the following minor symptoms may occur: slight pain, pruritis (itchiness), or discomfort at the site of injection. If you experience more serious, but also rare adverse reactions, such as vesiculaton (blisters), ulceration or necrosis, you should report this to the agency nurse or your personal health care practitioner as soon as observed.

I release Living Resources from any liability in relation to the administration of the skin test.

Signature: _____

Date: _____