

# CPT

**COMMUNITY PHYSICAL THERAPY & ASSOC. LTD.**

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## **TB Skin Test Administration**

<b>Date Given:</b>	<b>Date Read:</b>
<b>Administered by:</b>	<b>Read by:</b>
<b>Dose: (.1 cc 5TU PPD)</b> Place sticker here	<b>Forearm: R L</b>
<b>Result:</b>	<b>mm induration</b> positive / negative

**Please return to Ann Tripicchio, Credential Coordinator via e-mail to: [credentials@cptrehab.com](mailto:credentials@cptrehab.com) (may be faxed as well to 630-766-0855).**