



Tuberculosis Health Screening

Name: _____ Date: _____ 20____

Last four of Social Security Number: XXX-XX-_____

PPD Lot #: _____ Expiration Date: _____ 20____

Date of PPD Test: _____ 20____ Time: ____:____ AM / PM Site: R / L Forearm

Administered by: _____

Date PPD Test Read: _____ 20____ Time: ____:____ AM / PM

Results: Negative- no induration Positive- _____ mm induration

Test read by: _____

Referrals for Chest X-Ray

Date referred for Chest X-Ray: _____ 20____

Reason: _____

Referred for Chest X-Ray: _____

Additional Comments:
