

## TUBERCULOSIS 2 STEP SKIN TEST FORM

Please fax this completed form to: **570-666-3958** after each step is read.

Employee Name: \_\_\_\_\_

Date Placed: \_\_\_\_\_ Site: Right \_\_\_\_\_ Left: \_\_\_\_\_

Lot # \_\_\_\_\_ Expiration date: \_\_\_\_\_

Signature (Administered by)/Title: \_\_\_\_\_

Must be read within 48-72 hours from the date placed.

Date Read: \_\_\_\_\_ Induration (Please note mm): \_\_\_\_\_

PPD test result: \_\_\_\_\_ (Positive/Negative)

Signature (Administered by)/Title: \_\_\_\_\_

**If the first test is negative, please administer a second tuberculosis test 7-21 days after the first one was completed.**

Date Placed: \_\_\_\_\_ Site: Right \_\_\_\_\_ Left: \_\_\_\_\_

Lot # \_\_\_\_\_ Expiration date: \_\_\_\_\_

Signature (Administered by)/Title: \_\_\_\_\_

Must be read within 48-72 hours from the date placed.

Date Read: \_\_\_\_\_ Induration (Please note mm): \_\_\_\_\_

PPD test result: \_\_\_\_\_ (Positive/Negative)

### Alternative Testing (if applicable)

QuantiFERON Blood Test Performed

**Date Drawn:** \_\_\_\_\_ **Result:**  Positive  Negative

**Lab Name:** \_\_\_\_\_

**Medical Evaluation:** If any result is positive, a chest X-ray and medical clearance are required before the employee begins work.

**Final Medical Clearance:**  All tests are negative.  Chest X-ray completed with no evidence of active TB.

The patient is **cleared to begin employment**

**Signature (Medical Professional):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Franchising Opportunities  
Available**