

14225 University Ave. Suite 130 Waukee, Iowa 50263 515-252-0000 www.mysighealth.com

## Clinic Name/Address/Phone #:

## **CONSENT – 2-STEP TB SKIN TEST**

I consent to have a tuberculin skin test (PPD) performed. Signature Date Name of Student DOB: Phone # Are you currently pregnant? Yes No Have you had a TB test in the past 12 months? Yes No Have you had a positive TB test in the past? Yes No If yes, did you have any treatment? Yes No Have you received BCG in the past? Yes No

Comments:

## TB TEST RESULT MUST BE READ BETWEEN 48-72 HOURS

| TO TEST RESOLT MOST DE READ DETWEEN 40-72 HOURS |       |            |             |          |      |      |        |         |  |  |  |  |
|---|-------|------------|-------------|----------|------|------|--------|---------|--|--|--|--|
| Date  | Time  | R or L Arm | Lot # & Exp | Given By | Date | Time | Result | Read By |  |  |  |  |
|   | -     |            |             | •        |      | -    |        |         |  |  |  |  |
|   | Given |            | Date        |          |      | Read |        |         |  |  |  |  |
|   |       |            |             |          |      |      |        |         |  |  |  |  |
|   |       |            |             |          |      |      |        |         |  |  |  |  |
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|   |       |            |             |          |      |      |        |         |  |  |  |  |
|   |       |            |             |          |      |      |        |         |  |  |  |  |

## 2 STEP TB TEST RESULT MUST BE READ BETWEEN 48-72 HOURS (to be done after first test)

| Date | Time<br>Given | R or L Arm | Lot # & Exp<br>Date | Given By | Date d | Time<br>Read | Result | Read By |
|------|---------------|------------|---------------------|----------|--------|--------------|--------|---------|
|      |               |            |                     |          |        |              |        |         |
|      |               |            |                     |          |        |              |        |         |