

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						

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

Date	Time Given	R or L Arm	Lot # & Exp Date	Given By	Date d	Time Read	Result	Read By