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

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

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

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