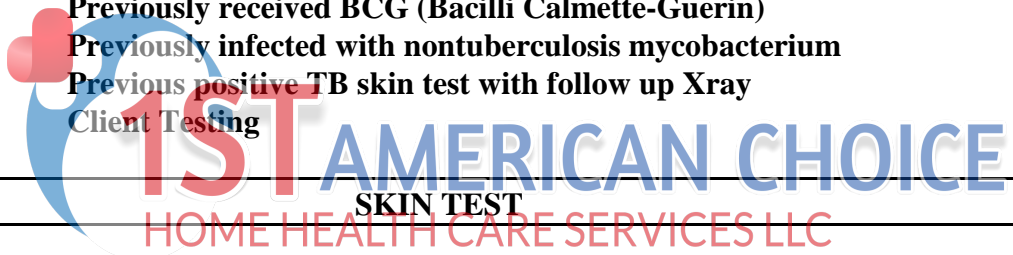


TB SKIN TEST/SCREENING DOCUMENTATION FORM

Check applicable:

- Initial test for _____ (tested within the past year)
- Annual (all employees providing client care)
 - Skin test
 - Screen
- Biannual (for health care workers frequently exposed)
 - Skin test
 - Screen
- Post-exposure
 - 10 Weeks
 - 3 Months
- Two-step testing (not tested within the past year or never tested)
 - Step #1 - Initial
 - Step #2 - One week later
- Previously received BCG (Bacilli Calmette-Guerin)
- Previously infected with nontuberculosis mycobacterium
- Previous positive TB skin test with follow up Xray
- Client Testing



SKIN TEST

Step #1 _____ was given a Mantoux tuberculin ppd intradermal skin test by _____ on _____ on left/right forearm.

Lot# _____ Brand _____ Expiration _____
Results _____ mm induration Date _____ Read by _____

Step #2 by _____ on _____ on left/right forearm.

Lot# _____ Brand _____ Expiration _____
Results _____ mm induration Date _____ Read by _____

*Note: Do not include redness or ulceration reading your results.
Read results across (transverse) forearm.
See TB protocol for classification of results.*

If an employee's skin test is > 10mm and has one or more risk factors for infection, the employee should be referred to the county health department or a local physician for follow-up assessment.

Signature: _____

Date: _____