

## TB Skin Test Consent and Results

**Patient:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

I, \_\_\_\_\_, have had the opportunity to read, or have had explained to me, the importance of the tuberculosis skin test procedure. I have had the opportunity to ask questions about this test and to have these questions answered to my satisfaction. I understand that this test involves injecting a small amount of a diagnostic antigen just under the skin on the inside of my forearm and that a small bruise may appear.

### TB Symptom Check

I do ***NOT*** have any symptoms as follow:

Cough (lasting 3 weeks or longer)	Coughing up blood (hemoptysis)
Chest Pain	Loss of appetite
Unexplained weight Loss	Night Sweats                      Fever

- I have ***NOT*** had history of a "***POSITIVE***" TB skin test.
- I have ***NEVER*** been treated for tuberculosis.
- I ***have*** received the BCG Vaccine.
- I am pregnant. I have communicated with my treating physician and we both agree to take this test being given to me today.
- I agree to return to have this test read within the required time of 48 to 72 hours. I understand that "self-reading" of the test is not acceptable according to CDC's guidelines.

**I hereby request and authorize the above medical center to provide a TB skin test today, and I agree to return for the test reading by the date indicated. Failure to do so may be a barrier to my job placement. All answers to these questions are true and correct.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Employee/Applicant

**CENTER USE ONLY**

Purified protein derivative (PPD):  Tubersol or  Aplisol    Lot# \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Administered by Mantoux technique into:     Left forearm     Right forearm

Administered by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Results: \_\_\_\_\_ millimeters of induration                      Interpretation:  Positive     Negative

Chest X-Ray: (Required if TST or IGRA is Positive)    Date of chest x-ray: \_\_\_\_\_  Normal     Abnormal

Comments: \_\_\_\_\_

Read by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

