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Patient Label

TUBERCULIN SKIN TESTING

Name (printed): _____ Date of Birth: _____

Employee Number (if applicable): _____ Department: _____ Campus: _____

Allergies: No known allergies List: _____

Please answer the following questions by checking "Yes" or "No" and filling in the blanks:

1. Have you ever had a **positive** tuberculin skin test (TST, PPD, IGRA (T-Spot/QuantiFERON Gold blood draw) or Mantoux)? No Yes

* If **NO**, skip to question #6

* If you answered **YES** to question #1, please fill out Tuberculosis Symptom Review form and the following questions. **You should not receive a PPD if you have previously tested positive.**

2. What year was the positive test? _____

3. Test reaction in millimeters (if known) _____ mm Unknown

4. When was your last chest x-ray? _____

5. Did you ever take medication for a positive tuberculin test? No Yes

If **YES**, name of medication: _____

How long were you on this medication?: _____

6. Have you ever had an **allergic reaction** to TB skin testing? No Yes

7. Have you received a tuberculin skin test/PPD in the past 12 months? No Yes

If **YES**, when: _____

What was the result: Negative Positive (_____ mm)

8. Have you ever received BCG vaccine (*Bacillus Calmette-Guérin*) to prevent tuberculosis?

No Yes If **YES**, approximate date: _____

**** **Please note: the TST/PPD must be read within 48 to 72 hours of placement or it must be repeated** ****

Patient Signature: _____ Date: ___/___/___ Time: _____

Reviewed by: _____ Date: ___/___/___ Time: _____

TUBERCULOSIS SKIN TESTING:

Placed on: ___/___/___ Time: _____ Placed on: Left Forearm Right Forearm

Lot #: _____ Expiration Date: ___/___/___

Placed by: _____

TST/PPD must be read within 48 to 72 hours of placement Read on: ___/___/___ Time: _____

Result: Negative (_____ mm)

Positive (_____ mm) Any result other than "negative" requires patient to report to Bayhealth Occupational Health for further examination within 2 business days.

Read by: _____ Department: _____ Emp #: _____
(Please print and include credentials)

Phone number: _____