Annual Tuberculin Skin Test

Name of Patient (Please Print): _____

TB ASSESSMENT:

Purified Protein Derivative (PPD): Lot # _____ Exp. Date: _____

Administered by Mantoux technique: _____Left forearm _____ Right forearm

Administered by (Please Print): _____ Date: _____ Time: _____ am pm

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Read by: _____ Date: _____ Time: _____am pm

Results: ☐ Negative _____mm ☐ Positive _____ mm induration; _____mm errythema ***or*** ☐ CXR
This individual should no longer receive the PPD test for the following reason:

Date of CXR:_____ Result of CXR:_____
The above mentioned person has been examined by me and to the best of my knowledge, he/she is in good physical and mental health, free of any back problems, free from any communicable diseases and able to function in his/her profession at full capacity with no limitations.

COMMENTS: _____

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