**PPD Skin Test**

**Employer Test Record**

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| **Patient Name:** | **(Last)** |  | **(First)** |  |
| **Company:** |  | | | |

**\* Review screening questions before placement**

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| **PPD PLACEMENT #1 Administered**  DATE PLACED: \_\_\_\_\_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_\_\_\_\_ am/pm  Forearm: LEFT / RIGHT  Solution: APLISOL / TUBERSOL  Lot #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  READ:\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ AFTER:\_\_\_\_\_\_\_\_\_\_ am/pm  *Day Date Time*  Or READ:\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ BEFORE:\_\_\_\_\_\_\_\_\_\_\_am/pm  *Day Date Time*  Placed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Clinic Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NOTES: | **PPD PLACEMENT #2 Administered**  DATE PLACED: \_\_\_\_\_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_\_\_\_\_ am/pm  Forearm: LEFT / RIGHT  Solution: APLISOL / TUBERSOL  Lot #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  READ:\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ AFTER:\_\_\_\_\_\_\_\_\_\_ am/pm  *Day Date Time*  Or READ:\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ BEFORE:\_\_\_\_\_\_\_\_\_\_\_am/pm  *Day Date Time*  Placed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Clinic Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NOTES: |

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| **PPD TEST RESULTS #1**  DATE READ: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_\_\_\_\_ am/pm  Forearm: LEFT / RIGHT  RESULT: \_\_\_\_\_\_\_\_\_\_\_\_ mm *Negative Positive*  Read by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NOTES: | **PPD TEST RESULTS #2**  DATE READ: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_\_\_\_\_ am/pm  Forearm: LEFT / RIGHT  RESULT: \_\_\_\_\_\_\_\_\_\_\_\_ mm*Negative Positive*  Read by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NOTES: |

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