

Tuberculin Skin Test Form

PPD - Purified Protein Derivative

Student Name: _____ Date of Birth : ____ / ____ / ____
First name and Last Name Month / Day / Year

Address: _____

NOTE: Do not receive the Tuberculin Skin Test if you have ever had the BCG vaccination.

TB Skin Test Administration

Drug: _____ Manufacturer: _____ Lot #: _____ Expiration date: _____

I _____ administered intradermally 0.1ml PPD medication into
(Nurse's Signature)

the Left / Right Forearm on ____ / ____ / ____ at ____ am / pm
Month / Day / Year

TB Skin Test Results

****Results must be read after 48 hours and before 72 hours****

Results: _____ mm Results are : Negative / Positive

Read on ____ / ____ / ____ at ____ am / pm
Month / Day / Year

Nurse reading PPD results signature: _____

****Positive tests must be reported to DHEC by the Provider performing the test****

Health Care Provider Signature Or Office Stamp

Printed Name or stamp: _____

Address: _____

Phone: _____

Signature/Stamp: _____

See page 2 for interpretation guidelines

Interpretation Guidelines

>5mm is positive:

- Recent close contacts of an individual with infectious TB
- persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease
- organ transplant recipients and other immunosuppressed persons (including receiving equivalent of >15mg/d of prednisone for >1 month)
- HIV-infected persons

>10mm is positive:

Tuberculin Skin Test Form

- recent arrivals to the U.S. (<5years) from high prevalence areas or who resided in one for a significant amount of time (The significance of the travel exposure should be discussed with a health care provider and evaluated.)
- injection drug users
- mycobacteriology laboratory personnel
- residents, employees, or volunteers in high-risk congregate settings
- persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunoileal bypass and weight loss of at least 10% below ideal body weight.

>15mm is positive:

- persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

*****Positive tests must be reported to DHEC by the Provider performing the test*****