



Tuberculin Test (PPD)

Employee: _____

DOB: _____

PPD Placed Date: _____ Time Applied: _____

Mfg: _____ Exp. Date. _____ Lot # _____

____ Right Forearm ____ Left Forearm

Administered by: _____ Title: _____

PPD Read Date: _____ Time Read: _____

Results: ____ MM (circle) Positive/Negative

Read by: _____ Title: _____

Physician's office: _____

Address: _____

Phone Number: _____