



Tuberculin Test (PPD)

Employee: _____

DOB: _____

PPD Placed Date: Time Applied: _____

_____ Right Forearm _____ Left Forearm

Administered by: _____ Title _____

PPD Read Date: _____ Time Read: _____

Results: _____ MM Negative or Positive

Read by: _____ Title _____

Physician's office: _____

Address: _____

Phone Number: _____