**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/pmForearm: LEFT / RIGHTSolution: APLISOL / TUBERSOLLot #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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/pmForearm: LEFT / RIGHTSolution: APLISOL / TUBERSOLLot #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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/pmForearm: LEFT / RIGHTRESULT: \_\_\_\_\_\_\_\_\_\_\_\_ mm *Negative Positive*Read by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NOTES:  | **PPD TEST RESULTS #2**DATE READ: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_\_\_\_\_ am/pmForearm: LEFT / RIGHTRESULT: \_\_\_\_\_\_\_\_\_\_\_\_ mm*Negative Positive*Read by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NOTES:   |

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