

## PPD Skin Test Employer Test Record

<b>Patient Name:</b>	<b>(Last)</b>	<b>(First)</b>
<b>Company:</b>		

**\* Review screening questions before placement**

<b>PPD PLACEMENT #1 Administered</b>	<b>PPD PLACEMENT #2 Administered</b>
DATE PLACED: _____ TIME: _____ am/pm	DATE PLACED: _____ TIME: _____ am/pm
Forearm: LEFT / RIGHT	Forearm: LEFT / RIGHT
Solution: APLISOL / TUBERSOL	Solution: APLISOL / TUBERSOL
Lot #: _____ Exp. Date: _____	Lot # _____ Exp. Date: _____
READ: _____ AFTER: _____ am/pm <small>Day Date Time</small>	READ: _____ AFTER: _____ am/pm <small>Day Date Time</small>
Or READ: _____ BEFORE: _____ am/pm <small>Day Date Time</small>	Or READ: _____ BEFORE: _____ am/pm <small>Day Date Time</small>
Placed by: _____	Placed by: _____
Clinic Hours: _____	Clinic Hours: _____
NOTES:	NOTES:

<b>PPD TEST RESULTS #1</b>	<b>PPD TEST RESULTS #2</b>
DATE READ: _____ TIME: _____ am/pm	DATE READ: _____ TIME: _____ am/pm
Forearm: LEFT / RIGHT	Forearm: LEFT / RIGHT
RESULT: _____ mm <i>Negative</i> <i>Positive</i>	RESULT: _____ mm <i>Negative</i> <i>Positive</i>
Read by: _____	Read by: _____
NOTES:	NOTES:

OH-003 060117

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