

Beacon Orthopaedics & Sports Medicine

TB Skin Test Consent and Results

Patient _____ Gender _____ DOB _____

Department _____

Please check all that apply:

____ I do not have any of the following symptoms:

- | | |
|--|---|
| 1. A cough that has lasted 3 weeks or more | _____ I have not had prior TB skin test |
| 2. Bloody sputum | _____ (>12 months will need 2nd TST 1-3 weeks) |
| 3. Night sweats | _____ I have never been treated for TB |
| 4. Weight loss | _____ I have received the BCG vaccination within past 12 mo. |
| 5. Loss of appetite | _____ I have previously had a POSITIVE TB skin test |
| 6. Fever | _____ (will need to provide chest x-ray) |

____ I have had a TB skin test before & to the best of my recall, I did not experience any ulceration or open sores

____ I am pregnant. I have communicated with my physician & we both agree that this testing may be given

I have had the Tuberculosis skin testing procedure importance and risks explained to me. I have had an opportunity to ask questions about the testing and have had these questions answered to my satisfaction. I hereby request and authorize that this test be provided today and I agree to return for a reading of the test on the date requested within 48-72 hours; failure to do so may result in the need to repeat the test. All of the answers above are true.

Signature _____ Date _____

This section for use by properly credentialed medical staff only

Test #1 Purified Protein Derivative (PPD) TUBERSOL _____ mL Lot # _____ Exp. _____

Administered by Mantoux technique into: Left Forearm _____ Right Forearm _____

Administered by _____ Date _____ Time _____

Read by _____ Date _____ Time _____

Results _____ mm of induration (between 48-72 hours after administration using a ruler, measuring induration, not redness)

If Applicable

Test #2 PPD TUBERSOL _____ mL Lot # _____ Exp. _____

Administered by Mantoux technique into: Left Forearm _____ Right Forearm _____

Administered by _____ Date _____ Time _____

Read by _____ Date _____ Time _____

Results _____ mm of induration (between 48-72 hours after administration using a ruler, measuring induration)