

First Choice Occupational/Walk-In Clinic

1971 Gowdey Rd. Naperville, IL 60563

Informed Consent & Two Step PPD Test

Patient Name: _____ Birth Date: _____

Have you ever had tuberculosis? Yes No

If yes, please explain the date of the positive test, circumstances and treatment involved.

Have you ever had a TB skin test (TST)? Yes No

Have you ever had a **positive** TB skin test? Yes No

****If yes, you should NOT receive a TST today, you will need to provide a positive and valid PPD documentation.**

Have you ever had the BCG vaccine? (This is a vaccine given in certain countries to prevent TB.) Yes No

Do you currently have any of the following symptoms? YES NO

-Productive cough or persistent cough (Over 2 weeks duration)	___	___
-Night sweats	___	___
-Fever	___	___
-Weight Loss	___	___
-Loss of Appetite	___	___

I have read the information regarding T.B. skin testing and have had an opportunity to ask questions. I have supplied my current medical information. I request that the T.B. Mantoux skin test be given to me. I understand that failure to have read the TB test read from **48-72** hours after that test was given will invalidate the test and will require that I the test **repeated**.

Signature: _____ Witness: _____ Date: _____

#1 Tuberculin skin test record

Tuberculin purified protein derivative (Mantoux) Tubersol, 5 U.S. units/0.1 ml intracutaneous.

Date: _____ Time: _____ Site: _____

Lot: _____ Expiration date: _____ Admin by: _____

*Date interpreted: _____ Time interpreted: _____ mm induration read at _____ hours Negative Positive

Signature of interpreter: _____

If TST is positive, Positive TST Follow-up instructions have been given to employee _____ (initial)

#2 Tuberculin skin test record (7-21 days post test #1)

Tuberculin purified protein derivative (Mantoux) Tubersol, 5 U.S. units/0.1 ml intracutaneous.

Date: _____ Time: _____ Site: _____

Lot: _____ Expiration date: _____ Admin by: _____

*Date interpreted: _____ Time interpreted: _____ mm induration read at _____ hours Negative Positive

Signature of interpreter: _____

If TST is positive, Positive TST Follow-up instructions have been given to employee _____ (initial)