

Please note: If you have previously tested positive for Tuberculosis and had an IGRA* test within the past year, it is not necessary to have the PPD or Tuberculin skin test.

Tuberculin Skin Test Form

Name: _____ DOB: _____

Name of Medical office: _____

Address of Medical office: _____

Administered by (please print name/title) _____

Skin Test Administration

Date: _____	Time: _____
Manufacturer: _____	Lot Number: _____
Expiration Date: _____	Dosage: _____
Injection Site: <input type="checkbox"/> Left Forearm <input type="checkbox"/> Right Forearm	

Signature: _____

Skin Test Result

Date read (within 48-72 hours from date placed): _____	Time: _____
Reaction: <input type="checkbox"/> Negative <input type="checkbox"/> Positive*	Induration: ____mm
Referred for Medical Evaluation? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Signature: _____

*If the Tuberculin Skin Test is positive you are required to have either a chest x-ray or an interferon-gamma release assay (IGRA) test such as a QuantiFERON prior to arrival on campus. If you have had this test within the past year; we will accept those results. Please upload your chest x-ray result or your lab test result to [this secure link](#). You may also fax the information to 315-267-3260.