

Name (print) _____

Work Location/Dept. _____

TUBERCULOSIS SCREENING: EMPLOYEE/VOLUNTEER PPD
Purified Protein Derivative (PPD) Skin Test

Placement of PPD Test:

Date Given (mm/dd/yr)	Time	Site (circle)	Administering RN/LPN (Signature, Title)
		LF I RF	Print Name: _____ Signature: _____

Product Name	Lot #	Dosage	Expiration
Tubersol		0.1 ml/5TU	/ /

Reading of PPD Test:

***** Please note: PPD's must be read **48-72 hrs** after placement. *****

Date Read (mm/dd/yr)	Time	Size of Induration	Reading RN/LPN (Signature, Title)
		mm	Print Name: _____ Signature: _____

Induration is a palpable, hard, dense, raised formation. It is not the same as erythema (redness) or swelling (a soft raised area), which are not significant.

Answer the following questions, **only if induration is \geq 5mm but $<$ 10mm:** **YES** **NO**

- Immuno-suppression (e.g. HIV, chemotherapy, radiation)? YES NO
- Recent contact with active TB case? YES NO
- Past chest x-ray with evidence of old pulmonary TB? YES NO

If \geq 10 mm or "yes" to any of questions above, CALL EMPLOYEE HEALTH at (206) 901-8713.

Return completed form to Employee Health at SeaTac Pavilion within 24 hrs of completion:

- Electronically via e-mail attachment, send to EmployeeHealth@nwkidney.org
- In hard copy via interdepartmental mail, or
- Via fax to (206) 901-8726

Employee Health Office Use Only	
Interpretation:	
POSITIVE PPD <input type="checkbox"/>	Date received/Initials: _____
NEGATIVE PPD <input type="checkbox"/>	Date entered/Initials: _____