UPMC LIFE CHANGING MEDICINE

HAMOT

Tuberculosis Screening

IMPRINT PATIENT IDENTIFICATION HERE

PLEASE NOTE: If you are taking a medication or have a medical condition which causes you to be immuno-compromised, you are at greater risk for acquiring Tuberculosis (TB)

PPD Mantoux Test Consent

Patient Name (print): _____ Date of Birth: _____/_____/_____

To my knowledge, I have never had a positive PPD Mantoux test or active TB:

Patient Signature_____ Date_____/_____/_____ Time_____:_____

TO BE COMPLETED BY HEALTHCARE PROVIDER

Check One: ____ Annual Testing ____ Semi-Annual Testing ____ Initial Placement ____ Second Step of 2-Step

Date of Placement: _____/_____/_____ Time of Placement: _____:_____

Site of Placement: ____ RUE ____ LUE

Manufacturer & Lot Number: Aventis/Pasteur _____ Tubersol _____

Date to be read: _____/_____/_____ (____ at 48 hours ____ at 72 hours)

Signature of Person Placing Test_____ Title_____

Date Read:_____/_____/_____ Time: _____:_____ Results mm

Signature of Person Reading: _____ Title:_____

Use for history of previous Mantoux placement:

Date Placed Previously:_____/_____/_____ Second Step Need by:_____/_____/_____

If positive, referral made to_____

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