## Tuberculosis Skin Test Questionnaire

**Name:** ___________________________  
**Date of Birth:** ________________  
**Employee Number (if applicable):** ________________  
**Department:** ___________________________

### Allergies:
- No known allergies
- List: ___________________________

---

**Please answer the following questions by checking “Yes” or “No” and filling in the blanks:**

1. **Have you ever had a positive tuberculin skin test (TST, PPD, or Mantoux)?**  
   - No □  
   - Yes □

   *If NO, skip to question #6*

   *If you answered YES to question #1, please fill out Tuberculosis Symptom Review form and the following questions. You should not receive a PPD if you have previously tested positive.*

2. **What year was the positive test?** ________________

3. **Test reaction in millimeters (if known) mm □ Unknown**

4. **When was your last chest x-ray?** ________________

5. **Did you ever take medication for a positive tuberculin test?**  
   - No □  
   - Yes □

   **If YES, name of medication:** ___________________________

   **How long were you on this medication?:** ___________________________

6. **Have you ever had an allergic reaction to TB skin testing?**  
   - No □  
   - Yes □

7. **Have you received a tuberculin skin test/PPD in the past 12 months?**  
   - No □  
   - Yes □

   **If YES, when:** ___________________________

### Please note:
- The TST/PPD must be read within 48 to 72 hours of placement or it must be repeated.

---

**Patient Signature:** ___________________________  
**Date:** __/__/__  
**Time:** __:__

**Reviewed by:** ___________________________  
**Date:** __/__/__  
**Time:** __:__

---

## Tuberculosis Skin Testing:

**Placed on:** __/__/__  
**Time:** __:__  
**Placed on:**  
- Left Forearm □  
- Right Forearm □

**Lot #:** ___________________________  
**Expiration Date:** __/__/__

**Placed by:** ___________________________

**TST/PPD must be read within 48 to 72 hours of placement**

**Read on:** __/__/__  
**Time:** __:__

**Result:**  
- Negative (________ mm) □  
- Positive (________ mm) □

*Any result other than “negative” requires patient to report to Bayhealth Occupational Health for further examination within 2 business days.*

**Read by:** ___________________________  
**Facility:** ___________________________  
**Phone number:** ___________________________