



**RUECKERT-HARTMAN COLLEGE FOR
HEALTH PROFESSIONS
TUBERCULOSIS (TB) TESTING FORM**

Name: _____ Regis ID Number: _____

PPD Skin Test – Completed a PPD skin test within the last year.

PPD skin test (2nd Step) was given on

_____/_____/_____
Month/Date/Year *Site of PPD*

at _____ by _____
Name of Health Facility *Signature* *Title*

***Test must be read 48-72 hours after initiated. If no induration palpated, please write "0".*

RESULT: _____ mm induration (**MUST include mm induration**) Date Read: _____

Test read and verified by: _____
Signature *Title* *Date*

_____ by _____
Name of Health Facility *Signature* *Title*

RESULT (circle one): Negative / Positive

Test read and verified by: _____
Signature *Title* *Date*

OR

Negative Chest X-ray results– Completed within the last five years and for the purpose of specifically ruling out Tuberculosis. Please complete the Annual TB Screening Questionnaire (page 19) if your chest x-ray was completed more than 1 year ago.