

PPD - TUBERCULIN SKIN TEST

PATIENT AUTHORIZATION AND NOTICE

Patient Name (print)

Date of Birth

Thank you for choosing **Treasure Coast Primary Care** for your Tuberculosis testing needs. In order to properly conclude this test, you will need to return to our office to have your Tuberculin Skin Test read.

IMPORTANT:

Please wait at least **48 hours after** the initial visit, but **no longer than 72 hours** before returning. If you fail to return to our office during this time frame for your reading, the test will have to be repeated at your cost.

TUBERCULIN QUESTIONS:

Have you had a positive PPD in the past?

YES

NO

Were you born in this country?

YES

NO

If **NO**, have you had the BCG Vaccine?

Bacillus Calmette-Guerin vaccine

YES

NO

Patient Signature

Date

PATIENT SCHEDULED RETURN FOR TEST READING:

AFTER: ____ / ____ / ____ OR BEFORE: ____ / ____ / ____