

Required screening for Tuberculosis (within 6-months of class)

P.P.D

**Instructions:** This form is for the screening of tuberculosis for an applicant of a healthcare program with Indiana Nursing Academy. If a student has not been screened for Tuberculosis in the last 12-months from the start of class, the student should have a 2-step PPD prior to starting clinicals.

**OFFICE MUST INCLUDE FACILITY STAMP ON THIS FORM**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

TB Test Placed at (Facility Name): \_\_\_\_\_

Facility Location: \_\_\_\_\_

Wheel Size: \_\_\_\_\_ mm Location: \_\_\_\_\_ forearm

Lot # \_\_\_\_\_ Expiration \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**TB skin tests must be read between 48 and 72 hours after placement or results are invalid and the test must be repeated.**

**Return for TB skin test reading:**

After: \_\_\_\_\_ am/pm on \_\_\_\_/\_\_\_\_/\_\_\_\_

Before: \_\_\_\_\_ am/pm on \_\_\_\_/\_\_\_\_/\_\_\_\_

PPD Read at (Facility Name): \_\_\_\_\_ Location (city): \_\_\_\_\_

Time Read: \_\_\_\_\_

Induration: \_\_\_\_\_ mm Local Skin Reaction: Yes \_\_\_\_\_ No \_\_\_\_\_

Results: \_\_\_\_\_ Negative \_\_\_\_\_ Positive \_\_\_\_\_ Indeterminate

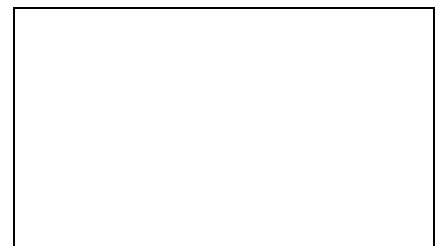
Provider Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Chest x-ray (only required if PPD is positive) Date: \_\_\_\_\_ Results: \_\_\_\_\_**

**PHYSICIAN'S REPORT MUST ACCOMPANY ALL CHEST X-RAY RESULTS.**

Student Signature: \_\_\_\_\_

I give permission to release a copy of this form to affiliating clinical facility.



Facility Stamp