

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

**PPD MANTOUX TEST CONSENT**

*(See reverse for questionnaire to be used by those with a history of positive Mantoux or active TB.)*

Date	Company
Name <i>(Please Print)</i>	Soc. Sec. #

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

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

**TO BE COMPLETED BY HEALTH CARE PROVIDER**

Check One:	<input type="checkbox"/> Annual Testing	<input type="checkbox"/> Semi-Annual Testing	<input type="checkbox"/> Initial Placement	<input type="checkbox"/> Second Step of 2 Step
Date of Placement:	____/____/____	Time of Placement:	_____ AM	_____ PM
Site of Placement:	<input type="checkbox"/> RUE	<input type="checkbox"/> LUE		
MFG & Lot No.:	Aventis / Pasteur	Tubersol		
Date to be read:	<input type="checkbox"/> At 48 hours	<input type="checkbox"/> At 72 hours		

Signature of Person Placing Test: \_\_\_\_\_ Title: \_\_\_\_\_

Date Read:	Time:	AM / PM	Results	mm
------------	-------	---------	---------	----

Signature of Person Reading: \_\_\_\_\_ Title: \_\_\_\_\_

**Use for history of previous Mantoux placement:**

Date Placed Previously: \_\_\_\_\_

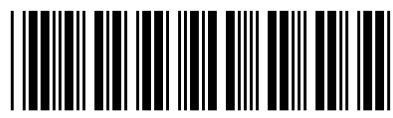
Second Step Needed by: \_\_\_\_\_

If positive, referral made to: \_\_\_\_\_

PATIENT LABEL
---------------

**Tuberculosis  
Screening**

D-41-15 (10-13-11)

 *LB1600*
---

**UPMC Hamot**