

## **TUBERCULOSIS / PPD RECORD**

Wellness Institute | Street Address | City, State Zip | 202-555-1212

## A. Please complete the following information:

	YOUR NAME			SOCIAL SECURITY NUMBER		
. Pl	ease answer ALL	questions:				
	. Have you ever be . Have you ever ha a. If "YES". plea	d a positive react		sitive reaction:	□ YES □ YES	□ NO □ NO
	b. If "YES", did you receive and complete treatment?				☐ YES	□ NO
Pl	ease sign and dat	te below:				
	YOUR SIGNATURE			TODAY'S DATE		
		To b	e completed by HI	EALTH PRACTITI	ONER	
ebv	certify that the indiv	vidual listed above	e has had a PPD plan	ted on his / her:		
	□ Right Forearm □ Left Forearm □ Left Forearm ON DATE					
				LOT NUMBER: EXPIRATION DATE:		
	HEALTH PRACTITIONER'S SIGNATURE		DATE			
Го	be completed by	WELLNESS S	TAFF - For the most	accurate results. PP	D's should be read 48 - 72	2 hours Post Plant
	DATE PPD READ			NEGATIVE Reaction		
	DATE FED KEAD		POSITIVE Reaction			
		BY (Print Name)				
		BY (Print Name)			mm i	nduration
		BY (Print Name) SIGNATURE				nduration

Tuberculosis PPD Record\_WELLNESS