



SEVEN HealthCare Academy

2435 E. Southern Ave, Suite 1
 Tempe, Arizona, 85282

Tuberculosis (TB) Testing

PLEASE ANSWER THE FOLLOWING QUESTIONS; CIRCLE THE APPROPRIATE ANSWER.		Yes	No
1.	Are you allergic to eggs?		
2.	Is there a possibility you may be pregnant?		
3.	Have you ever had a TB skin test?		
4.	Have you ever had a positive reaction to a TB skin test?		
5.	Have you ever been told you have TB?		
6.	Do you currently have any type of bacterial, viral or fungal infection?		
7.	Have you received any vaccines/immunizations in the past 3 months?		
8.	Are you currently taking medication such as steroids, antibiotics, anti-ejection agents, chemotherapy or immunosuppressant?		
9.	Have you in the past 2 months experienced extreme physical or mental stress?		

I understand that according to the State Regulations for Assisted Living and the Federal Regulations for Medicare yearly testing for tuberculosis is required.

I agree to the administration of a TB skin test (PPD) to be performed and to release the person who is giving the TB test from any liability for any complications which may possibly arise due to such skin testing.

Print Name: **X**

Signature: **X**

For Office Use Only

Date:

Site Given:

Lot #

Expiration Date:

Nurse's Signature:

Test Result:	Negative (0-4 mm)	Positive (>5mm)
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Test results are based on induration, not redness.

Date read:	Nurse's Signature:
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