(UDOH, Bureau of Communicable Disease Control, TB Control 801-538-6096)

Consent for Tuberculin Skin Test (Do not

get tested if you've tested positive in the past)

Name:	DO	В	Gender: M_	F_			
Address:		Home phone:					
		Work phone:					
I understand that if I h	nave an immunosu	ppressive con	dition, recent	vacci	ine history,		
history of a previous p	positive PPD, or a	m sick now, I	should discus	s this	with the test		
administrator before p	proceeding. I have	had a chance	to have my qu	ıestio	ns answered,		
and agree to be tested	. I understand that	I must return	in 48 – 72 ho	urs to	have the test		
read, or it will need to	be repeated.						
Patient signature:		Today's Date:					
	Cl	inic use					
	on	ly					
PPD manufacturer:	Lot #	Exp. Date	Site:				
Placed by:							
	Name Signature Date						
Reading:mm Refer	rred for further evalua	tion: Y N					
Read by: Print	Name Signature Date						
(UDO	OH, Bureau of Communica	ole Disease Control,	ΓB Control 801-538-	-6096)			
Co	onsent for Tul	oerculin Sk	in Test (Da) not			
	get tested if you'		,				
Name:	DO	В	Gender: M_	F_			
Address:		Home phone:					
		Work phone:					
		. •					

I understand that if I have an immunosuppressive condition, recent vaccine history, history of a previous positive PPD, or am sick now, I should discuss this with the test

administrator before proceeding. I have had a chance to have my questions answered, and agree to be tested. I understand that I must return in 48 - 72 hours to have the test read, or it will need to be repeated.

Patient signature:		Today's Date:				
		Clinic use only				
PPD manufacturer:	Lot #	Exp. Date	Site:			
Placed by:						
Print N	Name Signature Date					
Reading:mm Refer	red for further eva	aluation: Y N				
Read by:						
Print N	Name Signature Date					