



Department of Veterans Affairs

Bay Pines VA Medical Center

Occupational Health TB Skin Test Screening

Name: _____
(Last) (First) (MI)

Date: _____

SSN #: _____

Employee

Department: _____

Volunteer

Service: _____

Work Phone / Pager #: _____

Please Answer The Following Questions:

1. Have you ever had Tuberculosis (TB)? Yes No
2. Have you ever had a T.B. Skin Test? Yes No Unknown When: _____
3. What was the result of the skin test? Yes No Unknown
4. If the test was "Positive," did you take Isoniazid (INH)? Yes No N/A
5. Have you ever had the BCG Vaccine? Yes No

BCG is a vaccine that was used in the 1950's - 1960's and in other countries in an effort to prevent some forms of TB. Most individuals know if they have had it. BCG is also used in some cancer treatments

I understand that it is my responsibility to return to Occupational Health (Employee Health Services) within 48-72 hours of PPD placement to have the test read. The risk of not doing so has been explained to me.

Employee's Signature

Date

TO BE COMPLETED BY THE OCCUPATIONAL HEALTH DEPARTMENT

Step 1 Annual Exposure

Date Exposed to TB: _____

PPD 0.1cc ID Administered:

Location: _____

Date: _____

Site: _____

Results: Positive Negative

Manufacturer: _____

Induration (mm)

Lot # _____

Exp: _____

Provider: _____

Reader: _____

Step 2:

PPD 0.1cc ID Administered:

Date: _____

Results: Positive Negative

Site: _____

Manufacturer: _____

Induration (mm)

Lot # _____

Exp: _____

Provider: _____

Reader: _____