

# TDInc. Volunteer SCREENING RECORD

## PPD (MANTOUX) TEST

**INSTRUCTIONS:** Please answer all questions before signing this form.

If the employee answers any of the questions "Yes," refer to the Director of Health Service.

	YES	NO
Do you have tuberculosis?		
Have you ever had a positive skin test? (Like a raised area after the skin test was given)		
Have you had a viral infection within the past month? (Like a cold or the flu)		
Are you receiving steroids or immunosuppressive drugs?		
Are you pregnant?		
Have you had BCG (BCG vaccine was given in countries where the incidence of tuberculosis was very high) or treatment for tuberculosis?		

I understand that as a requirement for employment and to remain employed, a TB screening test, either a PPD or chest X-ray is required. I am aware that the main adverse reaction to the PPD is vesiculation, ulceration, or necrosis if I am strongly positive. I voluntarily give my permission to be given the PPD (Mantoux) test.

Associate Signature \_\_\_\_\_ Date \_\_\_\_\_

Parental Signature, if under 18 years of age \_\_\_\_\_

### 2-STEP PPD ON HIRE AND 1-STEP ANNUALLY

Date	Test	Given By Signature	Lot #	Exp. Date	Results of Test	Read by Signature

### CHEST X-RAY SPECIFIC FOR SCREENING, IF UNABLE TO TOLERATE PPD

Date	Results