THE UNIVERSITY OF TOLEDO
1872

LAST NAME FIRST NAME ROCKET ID

ADDRESS CITY STATE ZIP CELL PHONE

# TB SCREENING FORM

*Only Choose One of These Options*

| PPD Skin Test: Initial 2-Step | | PPD Skin Test: Annual 1-Step* |
|---|---|---|
| PPD Skin Test: Step 1 - Date Given: _____<br>PPD Skin Test: Step 1 - Date Read: _____<br>Results: _____ | **OR** | PPD Skin Test: Step 1 - Date Given: _____<br>PPD Skin Test: Step 1 - Date Read: _____<br>Results: _____ |
| PPD Skin Test: Step 2 - Date Given: _____<br>PPD Skin Test: Step 2 - Date Read: _____<br>Results: _____ | | **The PPD 1-step is done annually <u>after</u> you have received the initial 2-step.* |

| TB Quantiferon | | T-Spot TB Test |
|---|---|---|
| Date Collected:<br>_____<br>Date Recorded:<br>_____<br>Results:<br>_____<br>**(Positive or Negative)** | **OR** | Date Collected:<br>_____<br>Date Recorded:<br>_____<br>Results:<br>_____<br>**(Positive or Negative)** |

*Please use office stamp if available.*

| |
|---|
| **Physician's Name:** |
| **Address, City, State, Zip:** |
| **Physician's Signature:** **Date:** |

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