

Advantage Nursing Services

PPD/ Tuberculosis Testing/Screening

Employee Name: \_\_\_\_\_

It is the policy of Advantage Nursing Services to require an initial baseline Mantoux test (PPD) at the time of employment unless the employee can produce evidence of a negative test within the last twelve months or copy of a chest x-ray.

The test is administered locally under the skin of the forearm. While there is no documented evidence of causing fetal harm if given during pregnancy, it is suggested that you check with your physician before receiving the test if you are pregnant.

Please answer the following questions by circling yes or no. If yes please explain the reason.

1. Do you presently have a persistent cough? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you have a fever? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Are you experiencing fatigue? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Are you experiencing night sweats? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Have you had any recent weight loss? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Have you had a positive PPD test? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to questions 1-5 “yes” the employee should consult with a physician before getting the injection. If the answer to question 6 is “yes” you will need to obtain a copy of your chest x-ray showing no active disease and/or a statement from your physician.

I understand the above and I have answered the questions to the best of my ability.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Medication\_\_\_\_\_

Manufacturer\_\_\_\_\_

Lot Number of vial\_\_\_\_\_

Dose 1ml

Administered subcutaneous to forearm at a 15 degree angle.

PPD given\_\_\_\_\_ by \_\_\_\_\_  
Site Signature and Title

Date administered\_\_\_\_\_

Test read on \_\_\_\_\_ by \_\_\_\_\_  
Date Signature and Title

Results\_\_\_\_\_mm

**\*\*\*\*This test needs to be read in 48-72 hours from the date it was given\*\*\*\***