

Montgomery County Government
OCCUPATIONAL MEDICAL SERVICES
255 ROCKVILLE PIKE, SUITE 135
ROCKVILLE, MARYLAND 20850
(240) 777-5118 PHONE
(240) 777-5132 FAX

Tuberculin Skin Test

Patient Consent Statement: I certify that I have read the information on this form. I have had an opportunity to ask related questions and my questions were answered to my satisfaction. I believe that I understand the benefits and risks of taking a tuberculin test and I assume the risks. I request that the tuberculin test be given.

Name _____ Date of Birth _____

Address _____

County Job Title _____ Social Security Number _____

Have you ever tested positive to a tuberculin skin test in the past? _____ If yes, when? _____

If yes, what treatment was given to you at the time? _____

Signature of person to receive test _____ Date _____

For Clinic Use Only

Test # 1

Skin Test PPD 5TU 0.1 ml Lot # _____ Manufacturer _____

Expiration Date _____

Date Given _____ Right Forearm / Left Forearm (Circle One)

Date Read _____ Result _____ mm

Signature/Title of Person Giving Test _____

Signature/Title of Reader _____

Test # 2

Skin Test PPD 5TU 0.1 ml Lot # _____ Manufacturer _____

Expiration Date _____

Date Given _____ Right Forearm / Left Forearm (Circle One)

Date Read _____ Result _____ mm

Signature/Title of Person Giving Test _____

Signature/Title of Reader _____

If history of positive skin test review checklist given _____