

TUBERCULIN SKIN TEST FORM (also called TB or PPD)

TO BE FILLED OUT BY THE STUDENT

First Name		Last Name	
Uniqname	UM ID	Phone Number	

TO BE FILLED OUT BY THE HEALTHCARE PROVIDER

TUBERCULIN SKIN TEST				
Date Administered		Date Read		
Results (circle one)*: Positive Negative				
Healthcare Provider's Name and Title (Please Print)				
Signature				
Healthcare Center/Facility				
Address		City	State	Zip
Phone		Email Address		

*Please note that a positive result requires a chest x-ray.