

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	

*If you test positive:

-You must submit a chest x-ray within the last three years. After the chest x-ray expires, a TB Clearance Letter from your healthcare provider must be submitted annually.