



The Workplace
Highland Clinic, APMC

TB Skin Test Consent and Results

Name: _____ DOB: _____

SSN: _____

Employer: _____

I, _____, have had the opportunity to read, or have had explained to me, the importance of the tuberculosis skin test procedure. I have had the opportunity to ask questions about this test and to have these questions answered to my satisfaction. I understand that this test involves injecting a small amount of a diagnostic antigen just under the skin on the inside of my forearm and that a small bruise may appear.

Check Yes or No for the following:

Yes No I currently have one or more of the following systems:
Persistent cough lasting 3 or more weeks Weight Loss
Bloody sputum Loss of appetite
Night sweats Fever

Yes No I have had a previous positive TB skin test.

Yes No I have been treated for tuberculosis.

Yes No I have experienced weeping sores or ulceration from a previous TB skin test.

Yes No I am pregnant. I have communicated with my treating physician and we both agree to this test.

I hereby request and authorize Highland Clinic's The Workplace to provide a TB skin test today, and I agree to return for test reading in 48 to 72 hours. All answers to the above questions are true & correct.

Signature _____ **Date:** _____

This Section for Clinic Use Only

Aplisol Lot # _____ Exp. Date: _____

Administered by Mantoux technique into : ____ left forearm ____ right forearm

Administered by: _____

Results: _____ millimeters in induration

Comments: _____

Read by: _____ Date: _____ Time: _____