



LSU STUDENT HEALTH SERVICES
2020 GRAVIER ST., 7TH FLOOR
NEW ORLEANS, LA 70112
OFFICE (504) 525-4839
FAX 504-777-2922

TB Skin Test (PPD) Form

Name: _____
Last First

DOB: _____

Program: AH DS GS MED NUR

Date Administered: _____

Injection Site: Left or Right Arm _____

Administered by: _____
Printed name of person administering Signature of person administering

Patient instructed and agrees to return to clinic within 48-72 hours for reading of TB skin test _____
Initial here

For office use only

Result: NEG @ _____ mm POS @ _____ mm _____
Date Read & Time

Printed name of person reading results Signature of person reading results

CXR Neg. Pos.

INH Student Health to manage INH

Wetmore to manage INH

TB symptoms discussed w/pt.