



**NORTHWEST**  
MISSISSIPPI COMMUNITY COLLEGE

**TUBERCULIN SKIN TEST DOCUMENTATION**

NAME: \_\_\_\_\_

DATE PPD PLACED: \_\_\_\_\_ RIGHT ARM      LEFT ARM

LOT NUMBER OF VACCINE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

ADMINISTERED BY: \_\_\_\_\_ ARE YOU TB CERTIFIED? YES    NO

DATE PPD READ: \_\_\_\_\_ INDURATION \_\_\_\_\_ MM

READ BY: \_\_\_\_\_ ARE YOU TB CERTIFIED? YES    NO

TUBERCULIN SKIN TEST IS:      NEGATIVE      POSITIVE

REFERRED FOR CHEST X-RAY:    YES              NO

***IF UNABLE TO TAKE PPD SKIN TEST, CURRENT CHEST X-RAY DOCUMENTATION REQUIRED.***

PLACE HEALTH CARE PROVIDER/ HEALTH CARE FACILITY STAMP BELOW:

*IF STAMPS ARE NOT AVAILABLE, HEALTH CARE PROVIDER, PLEASE PRINT NAME, ADDRESS, AND PROVIDE SIGNATURE:*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_