



PPD ADMINISTRATION RECORD

PATIENT NAME: _____ **DATE:** _____

FACILITY: _____

FACILITY ADDRESS: _____

1. Initial Test Dose: Tuberculin Skin Test 0.1 ml (5TU) PPD Mantoux

Date given: _____ Lot #: _____ Expiration Date: _____

Time given: _____ Site: Rt. Forearm: _____ Lt. Forearm: _____

Administered by: _____

Date read: _____ Time: _____ Inuduration: _____

Erythema: _____ mm Edema: _____ mm Necrosis: _____ mm

Name of person reading test (printed)

Signature of person reading test

Position held of person reading the test

Date

2. Second Test Dose (*give only if 2 step test ordered*)

Second Test Dose: 5TU PPD Mantoux if initial test dose negative

Give 7-14 days after initial test dose if 2 step test ordered

Date given: _____ Lot #: _____ Expiration Date: _____

Time given: _____ Site: Rt. Forearm: _____ Lt. Forearm: _____

Administered by: _____

Date read: _____ Time: _____ Inuduration: _____

Erythema: _____ mm Edema: _____ mm Necrosis: _____ mm

Name of person reading test (printed)

Signature of person reading test

Position held of person reading the test

Date

Interpretation of test: 48-72 hours after administration

Positive: palpable induration of 10mm or more 5mm if had close contact with individuals with tuberculosis

Doubtful Reaction: 5-9 mm, retest second site with 5TU

Negative Reaction: induration of less than 5mm to both first and second test