Account Number:____________

THE DOCTOR'S IN

3198 Pacific Avenue Suite 104
Virginia Beach, Virginia 23451
Phone: 757-428-1911 | Fax 757-470-5977

PPD/ TUBERCULIN SKIN TESTING INFORMED CONSENT

Name: ____ Date of Birth: ____________________

Address:___________________________________ City:_______________ State:___________ Zip: ____________

Home Phone:___________________________________ Cell Phone:__________________________________

ANSWER FOR PERSON RECEIVING TB SKIN TEST

Has the above named person ever been told he/she has had tuberculosis? □ **YES** □ **NO**

Has the above named person ever had a positive or reactive skin test for tuberculosis in the past?
(A raised, red bump on the arm where test was given) □ **YES** □ **NO**

If you answered "yes" to either of the above questions, please answer the following:

- Where was the test or diagnosis:____
- Was medicine given and if so, what kind:_______________________________________

NOTICE: THE TB SKIN TEST MUST BE READ AT THE DOCTOR'S IN 2-3 DAYS AFTER ITS IS GIVEN IN ORDER TO PROVIDE YOU WITH OFFICIAL, WRITTEN RESULTS.

I hereby authorize the doctors, nurses, or nurse practitioners of The Doctor's In to perform a PPD/ Tuberculin skin test on me and additional testing as needed. I understand the risk and benefits of the procedures and have had the opportunity to ask questions. I understand that if I do not return within 48-72 hours for the reading of the skin test, we will be unable to provide results. The test would need to be repeated to be reported.

FOR THE DOCTOR'S IN OFFICE PERSONNEL ONLY

Admin Date: __________________ Time:____________________

Administered by:____________________________ Title:____________________________

Tuberculin PPD Dose: __0.1 ml____Site: _____________________ Intradermal Injection: ___YES______

Reading Date:__________________ Time:_____________

Reading:______________ mm induration **Positive**: ☐ **Negative**: ☐

Read by:_________________________________ Follow up needed: □ **YES** □ **NO**

Patient Signature:____ **Date**:____________________