Health Care Worker who placed TB Skin Test______________________________

Date: ______________________ Time:   [ ] AM    [ ] PM

TB Skin test placed on: [ ] Right Arm        [ ] Left Arm

PPD Lot #: ___________________________ Expiration Date:___________________________

 Place entered in OHIS: ________(initial) (   ) #1 of 2 step (   ) #2 of 2 step [ ] Annual

INSTRUCTIONS
For Employee

1. Have your test read 48 to 72 hours after placement.  DUE TO BE READ: Su M Tu W Th F Sa
2. Have you test read by:
   • Occupational Health Clinic (OHC) (640 Medical Arts Building, 7:30 AM – 5:30 PM Mon-Friday) OR
   • A Designated Reader (Must be a physician, Advanced Practice Nurse, or a Vanderbilt nurse who has been trained through OHC’s program)
   • Do not read your own test!
3. If you use a designated reader, you must have the result sent to OHC by one of two methods:

   Easy Reader Option
   For the fastest and most reliable method, ask your reader to log in to the Easy Reader on the OHC website or any Clinical Workstation!
   occupationalhealth.vanderbilt.edu
   Call the Occupational Health Clinic at (615) 936-0955 for more options

READER
Fill Out

Name of reader (print legibly): _____________________________________________

Reader’s credentials (check one):
[ ] Faculty/staff trained through the OHC      [ ] Licensed Physician       [ ] Advanced Practice Nurse

Designated reader please mark one selection:
[ ] Redness or swelling is present at the test site. Must send faculty/staff member to the OHC clinic for verification within 2-3 day read period. (Redness alone does not indicate a positive test but must be evaluated at OHC. Bruising does not count as redness.)

[ ] No redness, no swelling is present at test site. Negative test. Sign and fax test form to OHC --give a copy to faculty/staff member to keep

Reader’s Signature Required _______________ Date -- Required _______________

OHC Verification

Verifed Test Negative by OHC

[ ] Verified Test Negative by OHC

size of the indurations: ______ mm

Comments: ____________________________________________________________

OHC reader is to print name, and date this form. ________________________________

 Read entered in OHIS _______ (initial) Date Read -- Required: ________________

You may verify that we received your TB result by checking the Health and Wellness Information Portal at https://myhealthandwellness.vanderbilt.edu. Allow 2 business days for data entry before you check.