



TB/PPD Screening

Healthcare Support Staffing, Inc. requires all employees with direct patient contact to be tested for TB before being hired.

Name: _____

PPD Test

Date Given: ____ / ____ / ____

Date Read: ____ / ____ / ____

Check One (√)

Negative: _____ Positive: _____

Induration (mm): _____

**If results read POSITIVE (10mm or more induration), please evaluate as follows:

Chest X-ray Date: _____

Results: _____

Name of Examining Practitioner (printed): _____

Signature of Examining Practitioner: _____

Date Signed: _____