

# FELICIAN UNIVERSITY

Center for Health, One Felician Way, Rutherford, NJ 07070  
Carolyn A. Lewis, MSN, ANP-BC  
Katarzyna Fraczek, BSN, RN  
Boris Shabovta  
Phone: 201-559-3559  
Fax: 201-559-3579



## Tuberculin Skin Test (TST/PPD/Mantoux)

\_\_\_\_\_

Print Name

Please read carefully and complete the following.

I hereby request the Center for Health to administer a 2 Step Tuberculin Skin Test.

I understand that the usual positive reactions include redness, swelling, and/or itching at the site.

I understand that a strongly positive reaction may result in the development of vesicles at the site, ulceration and/or necrosis.

I understand that unless I return to have the test read in **48 to 72 hours**, it is not valid and will need to be redone. I understand any test redone will require the same payment as the initial test.

I am pregnant.	Y	N	I have had:		
			BCG Vaccine	Y	N
<u>I am on</u> corticosteroids.	Y	N	Tuberculosis	Y	N
			A positive TB skin test	Y	N
I am immunocompromised.	Y	N	Any live virus vaccines in the last 6 weeks	Y	N
			(Such as Chicken Pox or MMR)		
I have chronic renal failure	Y	N			

Step One: Signature \_\_\_\_\_ Date \_\_\_\_\_

*For Office Use Only*

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Date Test Placed \_\_\_\_\_ PPD Placed \_\_\_\_\_ TU Forearm: R L

Lot # \_\_\_\_\_ Exp. Date \_\_\_\_\_ MFR \_\_\_\_\_

Signature \_\_\_\_\_

Date of Reading \_\_\_\_\_ Results \_\_\_\_\_ mm

Signature \_\_\_\_\_

1. Place on volar forearm.
  2. Inject intradermally (wheal).
  3. Read induration 48-72 hours after test placed. **(Must be read by Nurse/Physician)**
  4. Record results as size of induration in millimeters. (e.g. no/negative induration = 0mm)
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**Note: All positive results must be seen in the Felician Center for Health**