



### TUBERCULIN SKIN TEST FORM (ALSO CALLED TB OR PPD)

**TO BE FILLED OUT BY THE STUDENT**

First Name		Last Name	
Uniqname	UM ID	Phone Number	

**TO BE FILLED OUT BY HEALTHCARE PROVIDER**

TUBERCULIN SKIN TEST			
Date Administered		Date Read	
Results (circle one)*:                      Positive                      Negative			
Healthcare Provider's Name and Title (Please Print)			
Signature			
Healthcare Center/Facility			
Address		City	State                      Zip
Phone		Email Address	

\*Please note that a positive result requires a chest x-ray.