



EMPLOYEE HEALTH SERVICES
TUBERCULIN SKIN TESTING (TST) READING

In compliance with CDC/DOH recommendations and Hospital policy, the TST should be read by a RN, NP, PA, or MD. "Self" reading of TSTs **ARE NOT ACCEPTED.**

IF YOU ARE UNABLE TO RETURN TO EHS for your TST reading, you **MUST** have the test read and this form returned 48 - 72 hours from the day that it is administered.

EHS will accept a fax of this form with results and date recorded along with your annual assessment. Please contact your local EHS office for the fax number.

This section is to be completed by the Administering clinician

EMPLOYEE NAME _____ Department/Facility _____

(Please Print)

DATE OF BIRTH: _____ TELEPHONE OR CELL # _____

Reason for Test: Pre-Placement _____
 Annual _____
 TB contact- 1st _____
 TB contact- f/u _____

Date of TST test: _____ Arm Location: R L

Lot # _____ Manufacturer _____ Expiration date: _____

Administered by:
Print _____ Sign _____ Title _____

This section is to be completed by the Reader

Induration (not erythema) along the transverse axis of the forearm must be measured and documented. Any questionable readings should be referred immediately to EHS.

DATE OF READING: _____

RESULTS OF READING: _____ mm induration ****DOCUMENT IN mm****

Read by:
Print _____ Sign _____ Title _____

*If this test is not completed, you **WILL NOT** be medically cleared for employment purposes or your annual assessment will be incomplete and you may be taken off duty until this requirement is satisfied.*