

## 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 THE 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.