

Patient Name (First and Last): _____

By signing this form, I give GrapeTree Medical Staffing, LLC the authorization to contact the healthcare provider noted on this form to verify authenticity of the information listed. I understand the cost of the test is my responsibility.

Patient Signature: _____

****HEALTHCARE PRACTITIONER: BY SIGNING THIS FORM YOU ARE ATTESTING THAT THE TEST HAS BEEN READ WITHIN THE APPROPRIATE 48-72 HOUR TIMEFRAME**

****ALL FIELDS ARE REQUIRED**

TEST 1 ADMINISTRATION

Date Given: _____

Time Given: _____

Location: ___ Left ___ Right Forearm

Given by (print): _____

Signature/Title: _____

Phone: _____

**MUST BE
READ WITHIN
48-72 HRS**

TEST 1 READ

Date Read: _____

Time Read: _____

Results: _____ mm of induration

Interpretation: ___ Negative ___ Positive

Read by (print): _____

Signature/Title: _____

Phone: _____

TEST 2 ADMINISTRATION

Date Given: _____

Time Given: _____

Location: ___ Left ___ Right Forearm

Given by (print): _____

Signature/Title: _____

Phone: _____

**MUST BE
READ WITHIN
48-72 HRS**

TEST 2 READ

Date Read: _____

Time Read: _____

Results: _____ mm of induration

Interpretation: ___ Negative ___ Positive

Read by (print): _____

Signature/Title: _____

Phone: _____

It is very unlikely that a side effect to the test will occur. If such an event does happen, the most common reaction is pain or redness at the test site. In very rare cases, a person who is hypersensitive to the solution could have a severe allergic reaction near the injection site. Such rare reactions may include blistering, or a skin wound