GRAPE TREE
MEDICAL STAFFING

Tuberculosis (TB) Form

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 that the cost of the test is my responsibility.

Patient Signature: _____

TEST 1

Administration

Date Given: _____

Location: _____ Left: _____ Right Forearm

Given By: (Print) _____

Signature: _____

Phone: _____

MUST BE READ 48 to 72 HOURS LATER

TEST 1

Read

Date Read: _____

Results: _____ mm of induration

Interpretation: _____ Negative _____Positive

Read By: (Print) _____

Signature: _____

Phone: _____

TEST 2

Administration

Date Given: _____

Location: _____ Left: _____ Right Forearm

Given By: (Print) _____

Signature: _____

Phone: _____

MUST BE READ 48 to 72 HOURS LATER

TEST 2

Read

Date Read: _____

Results: _____ mm of induration

Interpretation: _____ Negative _____Positive

Read By: (Print) _____

Signature: _____

Phone: _____

*Tests must be read 48-72 hours after being given to meet CDC requirements. Tests read before 48 hours or after 72 hours will be considered invalid.

****ALL FIELDS ARE REQUIRED**

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.