

PATCHOGUE-MEDFORD SCHOOLS
OFFICE FOR HUMAN RESOURCES
241 South Ocean Avenue
Patchogue, NY 11772
(631) 687-6340
Fax (631) 687-6349

TUBERCULOSIS (PPD) TESTING QUESTIONNAIRE

NAME (please print):

ADDRESS (please print):

- 1.) Have you ever had, or been suspected of having, tuberculosis? _____
If yes, please specify all details:

- 2.) Have you ever had a positive PPD or Tine Test? If yes, please specify all details:

- 3.) Have you had any known exposure to tuberculosis since your last test? _____
If yes, please specify all details:

- 4.) Have you ever been treated with BCG-TB vaccine? _____
If yes, please provide all details:

- 5.) Have you received any live vaccine (i.e. measles) in the last four to six weeks?
_____ If yes, please specify details:

The PPD Mantoux test (TB) which will be placed on your arm today **MUST** be read in 48 to 72 hours from the time it is placed. Accordingly, it will be necessary for you to return to the doctor's office within that time frame.

(Employee's Signature)

(Signature of Dr. Administering PPD)

PPD Lot # _____

PPD Site/Date _____, _____

Date PPD read _____

PPD Result _____

Chest X-Ray (after positive PPD) Date _____ Result _____

Physician's Name/Stamp: _____

Address: _____

Telephone: _____