



Permission to receive intradermal PPD (Mantoux Test)

I, _____ give my permission to Vine Homecare & Staffing designated and trained medical personnel to administer the PPD intradermal tuberculosis test and possibly administer the 2 stage test if necessary.

I further attest that to my knowledge I have never had a known positive reaction to the serum. Should I have a positive reaction when I return in 48 hours to have this test read, I will be referred to my physician or clinic where I could receive a chest X-Ray to be certain I do not have active tuberculosis.

Date of testing _____
Planting site _____
Nurse administering test _____

Date of reading of the above test _____
Reading: _____ neg _____ pos
If positive: _____ mm _____ endurated
Nurse reading the test _____

If positive, to whom was applicant referred to: _____

2 Stage Testing:

If applicant has not had tuberculosis test within 1 year, CDC guidelines recommend repeating the TB test in 2 week from the above test.

Date of testing _____
Planting site _____
Nurse administering test _____

Date of reading of the above test _____
Reading: _____ neg _____ pos
If positive: _____ mm _____ endurated
Nurse reading the test _____

If positive, to who was applicant referred to: _____

Effective Date: 04/01/2010