

PPD Placement

Patient name: _____ DOB: _____

I give permission for my son/daughter to have PPD skin test. I understand he or she will have to return and have it read within 48-72 hours or the test will have to be repeated.

Parent Signature: _____

The above named patient was seen on _____ for PPD placement.

PPD placed on _____ arm

Please check _____ arm on _____ and call SBHC for results.

PPD reading was _____ mm.

Planted by: _____

Read by: _____

