



**Cornell University**  
**Prison Education Program**  
453 Day Hall | Ithaca, NY 14853

Please have physician fill out bottom portion of the form:  
or attach a copy from Gannett Health Services.

SKIN TEST FOR TUBERCULOSIS

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physician: \_\_\_\_\_

Tuberculosis History:

Have you had tuberculosis? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes when? \_\_\_\_\_

Treatment given \_\_\_\_\_

Has anyone in your family or immediate household had TB?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, relationship: \_\_\_\_\_

Have you had a previously "positive" tuberculin skin test?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when: \_\_\_\_\_ and

Did you receive prophylactic treatment? \_\_\_\_\_

Have you had an allergic reaction to testing agents? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had a BCG? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, approximate date: \_\_\_\_\_



SKIN TEST FOR TUBERCULOSIS

Intermediate strength purified protein derivative (PPD) 0.1 cc given intradermal.

Date and time given: \_\_\_\_\_

Test side: \_\_\_\_\_

Given by: \_\_\_\_\_

To be completed by the tuberculin skin test reader: \_\_\_\_\_

Signature of Reader

Date and time read: \_\_\_\_\_

Results: \_\_\_\_\_ Negative no indurations (or 0-4mm)

\_\_\_\_\_ Doubtful 5-9 mm (please be specific)

\_\_\_\_\_ Positive 10 mm (please be specific)