



A Life of Possibilities

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10501 Drummond Road, Philadelphia, PA 19164

PPD Test Form

☒ New Employee☐ Existing Employee

Loretta Boerke

(Name)

2/1/17

(Date of test)

Please check all that apply:

- ☒ I have not had a prior "positive" PPD test in the past
- ☒ I have never been treated for tuberculosis
- ☒ I have received the BCG Vaccine
- ☒ I have received a PPD test in the past and did not experience any side effects
- ☐ I am pregnant and have my doctor's permission to receive the test

I agree to return to have the PPD skin test read within the guidelines of 48-72 hrs. I understand if I do not return to have the test read within the allotted time. I will need to wait 2 weeks then have the test repeated at a cost of \$20.00. All current and new staff will be responsible for the cost of the second test.

My signature authorized SPIN to deduct the fee from the next payroll period I do not return as instructed.

[Signature]
(Signature of New Employee/Existing Employee)

2/1/17
(Date)

TO BE COMPLETED BY PERSON ADMINISTERING

Test unable to be completed due to:

- ☐ reported previous positive PPD Test (will require chest x ray)
- ☐ reported history of TB infection (will require chest x ray)
- ☐ reported having the B.C.G. Vaccination for TB (will require a chest x ray)

Test administered: 2/1/17 Time test was administered 3:30 AM/PM

Manufacture Lot #: C4802AA Expiration Date: 1/1/18

Person administering: A. Albright
(Print Name) (Signature)

Address/Phone Number:

ARIA WORKHEALTH
10800 KNIGHTS ROAD
PHILADELPHIA, PA 19114
P: 215-612-4836

Site of Injection: Right ☒ Left ☐ Forearm ☐

Date of reading: 2/3/17

Results were read as: POSITIVE ☒ NEGATIVE ☐ 12 mm
If positive a chest x ray must be obtained

Person reading results:

(Print Name)

(Signature)

[Signature]
Carla Huitt

[Signature]
Carla Huitt

*If unable to receive test or a positive reading occurs please refer to Jeanes Hospital for a chest X ray
Shored: HRD/forine/PPD form Revised 1/2016