

STRAIGHT & NARROW, INC

MANTOUX TEST

(This sheet must be returned to Human Resources within 30 days)

Employee Name

Department

Date of Hire

New Jersey Law and OSHA require that each employee be tested annually for tuberculosis. The Mantoux test is given to aid in the detection of/or possible exposure to tuberculosis. Please complete the following before the test:

Are you at least 18 years old? [] Yes [] No

If no, permission received by _____

Name

Relationship

Date

Time

Signature

Are you presently pregnant? [] Yes [] No

Have you had a positive PPD test in the past? [] Yes [] No

Have you had a BCG vaccination in the past? [] Yes [] No

Do you have a family history of tuberculosis? [] Yes [] No

Were you born in the United States? [] Yes [] No

Are you taking any cortisone medications? [] Yes [] No

To my knowledge the above information is true, and I do consent to the administration of the Mantoux TB test.

Signature of Employee

Date

SSN

For Hospital Use only

#1 Date Given: _____ Nurse: _____ Location: _____

#1 Date Read: _____ Read by: _____

Lot#: _____ Expiration Date: _____

Results (please circle one): Negative Positive mm: _____

#2 Date Given: _____ Nurse: _____ Location: _____

#2 Date Read: _____ Read by: _____

Lot#: _____ Expiration Date: _____

Results (please circle one): Negative Positive mm: _____

Results: It is normal to have a mosquito bite reaction at the site of the injection, but this should gradually disappear. If redness, swelling or itching persists at 48 hours, it may be a positive reaction. A positive reaction does not mean you have TB, but follow-up care is necessary.

Important: The results of this test must be recorded within 48-72 hours. Please report to the Medical Department for test to be read.