Montana Mental Health Nursing Care Center
Consent for PPD

I hereby give my consent for the Montana Mental Health Nursing Care Center to give me two PPD tests for Tuberculosis in accordance with the facility's policy.

1. Have you ever had Tuberculosis?

2. Have you ever had a positive skin test for Tuberculosis? If yes, please explain.

3. Have you been exposed to Tuberculosis in the last two months?

4. Have you had a MMR Vaccination within the last 5 weeks?

_____ _____
Employee's signature Employee's name (please print)

_____
Date

This is a two-step test. The second test is required 7 days after the 1st test is given.

<u>Return this form to the Infection Control Nurse after results of the 2nd test are completed.</u>

Date 1st test given _____Lot# _____Expiration _____Site _____Nurse:_____

Result of 1st test at 48 - 72 hours _____ mm induration Nurse:_____

Date 2nd test given _____Lot# _____Expiration _____Site _____Nurse:_____

Result of 2nd test at 48 - 72 hours _____ mm induration Nurse: _____