

# Saint Joseph's Ministries (SJM)

## TUBERCULIN MANTOUX TESTING

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT: VOLUNTEER

### TUBERCULIN TESTING SHOULD NOT BE PERFORMED ON:

1. Individuals known to be tuberculin positive.
2. Individuals with a history of sensitivity to the components of the product.

### SIDE EFFECTS AND ADVERSE REACTIONS:

1. Immediate erythema (redness) or bruising at the injection site.
2. Pain, pruritic (itching), and discomfort at test site.
3. Reactivity to the test may be depressed or suppressed in individuals who have received recent immunization with certain virus vaccines (measles, influenza), who have had viral infections (rubeola, influenza, mumps and probable others) or who are receiving corticosteroids or immunosuppressive agents.

### RELEASE OF RESPONSIBILITY FOR TUBERCULIN MANTOUX TEST

I release SJM and its staff from responsibility in the event of an adverse reaction to the test or any other complications which may occur as a result of the test or similar repeat tests.

\_\_\_\_\_  
Volunteer Signature Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years old) Date

### ADMINISTRATION OF TEST #1

PPD Administered: Date \_\_\_\_\_ Site: \_\_\_\_\_ Dose: \_\_\_\_\_ by: \_\_\_\_\_  
Time \_\_\_\_\_

Testing Material Information: Lot Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Manufacturer \_\_\_\_\_

RESULTS OF PPD: \_\_\_\_\_ mm Read by: \_\_\_\_\_  
Date/ Time Read: \_\_\_\_\_

### ADMINISTRATION OF TEST #2

PPD Administered: Date \_\_\_\_\_ Site: \_\_\_\_\_ Dose: \_\_\_\_\_ By: \_\_\_\_\_  
Time \_\_\_\_\_

Testing Material Information: Lot Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Manufacturer \_\_\_\_\_

RESULTS OF PPD: \_\_\_\_\_ mm Read by: \_\_\_\_\_  
Date/ Time Read: \_\_\_\_\_