



## Volunteer TB Test (PPD Skin Test) Form

This is to certify that \_\_\_\_\_ had a PPD skin test on  
(Date) \_\_\_\_\_ at (Site) \_\_\_\_\_  
Given by: \_\_\_\_\_ Title \_\_\_\_\_

The test result was negative (0 induration)/positive (\_\_\_\_\_ mm induration) p 48hrs/72 hrs.

I certify that I have no history of any adverse reactions from prior PPD skin tests.

Signed by Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: PPD positive results require Chest x-ray**

**Date of Chest X-ray:** \_\_\_\_\_

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Two-step required: \_\_\_\_\_

This is to certify that \_\_\_\_\_ had a PPD skin test on  
(Date) \_\_\_\_\_ at (Site) \_\_\_\_\_  
Given by: \_\_\_\_\_ Title \_\_\_\_\_

Read by: \_\_\_\_\_ Title: \_\_\_\_\_