



PROCEL TUBERCULOSIS SCREENING

Employee Name: _____

The following may be used for single or two-step PPD Skin Tests.

PPD TEST	Date Given	Given By	Site	Mantoux 5TU Lot #	Date Read	Read By	Induration MM	Results pos/neg
#1								
#2								

Physician's Stamp: (MUST BE STAMPED TO BE VALID. DO NOT HAND PRINT)

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JCAHO CERTIFIED

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