



Cascades East
Area Health Education Center



**Two Step Tuberculosis Skin Testing
Job Shadow and Health Occupations Class Participants**

Participant Name: _____

High School: _____

PPD _____ **Test #1** _____ **Test #2**

Date Placed: _____ Time: _____

Site: ___L forearm ___R forearm Dosage: 0.1cc Tubersol

Lot #: _____ Exp date: _____

Signature: _____
Test administrator

READ BETWEEN

_____ **AND** _____

**Note: Test must be read between 48 and 72 hours after administered
by a qualified health care provider.**

Date Read: _____ Time: _____

Results: _____

(Record in millimeters of induration, please document any redness or swelling other than induration)

Signature: _____

**Completed form must be turned into CEAHEC K12 Education
Coordinator before rotations in SCHS hospitals can begin.**

Updated 9/25/2019