Vanderbilt Occupational Health Clinic
TB SKIN TEST REPORT

EMPLOYEE INFORMATION

NAME: **DOB:**

EMPLOYEE ID: **DEPT:**

PLACEMENT

Date Placed: _____ **Placed by** _____

TB Skin Test placed on: **[] Right Arm** **[ ] Left Arm**

PPD Lot #: _____ **Expiration Date:**_____

INSTRUCTIONS FOR EMPLOYEE

1. **Have your test read 48 to 72 hours after placement. Do not read your own test!** Have your test read by:
   - **Occupational Health Clinic (OHC)** *(640 Medical Arts Building, 7:30 AM - 5:30 PM Mon-Friday)* **OR**
   - **A Designated Reader** (Must be a physician, Advanced Practice Nurse, or an OHC-trained Vanderbilt nurse)

2. Designated readers should submit the results to OHC using the Easy Reader. If a physician or APN cannot access Easy Reader, they may write the results below and you can ask any OHC-trained Vanderbilt nurse to enter the result in Easy Reader. **Faxes are not accepted.**

INSTRUCTIONS FOR READER

Log in to the Easy Reader with your vunetID. You can find the Easy Reader:

- On every Clinical Workstation under the department section
- On the OHC website at https://www.vumc.org/health-wellness/occupational-health in the e-Tools section
- In Star Panel under Information Resources.

You will need the Employee and Placement information above to document the result of a TB Skin Test.

NOTE: If there is redness or swelling at the test site, you <u>must send faculty/staff member to the OHC clinic for verification within the 2-3 day read period.</u> (Redness alone does not indicate a positive test but must be evaluated at OHC. Bruising does not count as redness.)

For questions about the Easy Reader, please call the Occupational Health Clinic at (615) 936-0955.

Thank you for using the Easy Reader!

Physicians and APNs: OHC-trained Vanderbilt nurses are available on each unit and can assist with Easy Reader entry. If you cannot access the Easy Reader for any reason, you may complete this section and return to the employee for entry by an OHC-trained nurse.

I attest that there is no redness or swelling at the test site. [ ]Yes [ ] No

_____	**[ ]MD/DO [ ]APN**	_____	_____
Printed Name	**Credentials**	**Signature**	**Date Read**