

Thomas Jefferson University Hospital
University Health Services
833 Chestnut St Suite 205
Phone: (215) 955 6835
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Tuberculosis Screening

First Name												
Last Name												

DOB: ____/____/____

Work Dept/Unit: _____ Work Extension: _____

Date of PPD Placement: _____ Rt. arm Lt. arm

Lot # _____

Expiration Date: _____

Placed by: _____

To be read 48-72 hours after placement.

Date of PPD Reading: _____

Mm of induration _____

Read by: _____

All hospital employees are required to undergo annual tuberculosis screening.
If you have a history of a positive PPD, please complete the annual questionnaire.