

**2-Step TB Skin Test**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is required to have a 2-step TB skin test for enrollment of the 75-Hour

*Student name*  Nurse Aide course in Iowa.

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**First Name** **Last Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**  **City/State/Zip**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth Phone Number**

**Please answer all the following:**

1. **Are you currently pregnant? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_**
2. **Have you had a TB test in the past 12 months? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_**
3. **Have you had a positive TB in the past? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_**
4. **If yes, did you receive treatment? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_**
5. **Have you received the BCG vaccine? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_**

**Step 1 TB Test - Results MUST be Read Between 48-72 Hours**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time Given** | **R or L Arm** | **Lot # & Exp. Date** | **Given By** | **Date Read** | **Time Read** | **Result** | **Read By** |
|  |  |  |  |  |  |  |  |  |

**Step 2 TB Test - Results MUST be Read Between 48-72 Hours**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time Given** | **R or L Arm** | **Lot # & Exp. Date** | **Given By** | **Date Read** | **Time Read** | **Result** | **Read By** |
|  |  |  |  |  |  |  |  |  |

I hereby request and authorize Signature Healthcare and/or my doctors office to provide a TB skin test today. I further agree to return for the test reading by the date indicated above.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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