



75 S. Grand Avenue, Pasadena, CA 91105
Tel: (626) 683-0800 Fax: (626) 683-0890 E-mail: LHardiman@Laurel-Foundation.org

CONFIDENTIAL

Tuberculosis Test Results

Name of Patient _____ Date _____

A skin test for tuberculosis was performed on the below patient:

The results of the above test were:

Positive _____

Negative

If patient has History of Past PPD (+):

Date of result: _____

Result of screening CRX: _____

Dates of Treatment: _____

Please endorse that patient is currently asymptomatic and poses no infectious TB risk.

_____ Initial

The signature, title, and address of the health care professional administering the test:

Signature _____ Title _____

Today's Date _____

Business Address _____

