



CU SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION
Program for Resident Occupational Health (PROHealth)

TUBERCULIN SKIN SCREENING (PPD)
RESULT DOCUMENTATION

Scan and email completed form to PROHealth@dhha.org.

Please print legibly:

Name _____ Training Program _____

Email _____ Last 4 digits of SSN _____

Pager or cell _____

- Annual Site: _____
- First (RFA or LFA)
- Second Time Placed: _____
- Other _____

Lot# _____ PPD Brand: _____

Tuberculin Skin Screening Provider: _____

Signature/Title _____ Date: ____/____/____

Date Read: ____/____/____ Time Read: _____ Results: ____mm Comments: _____

Reader: _____
Printed Name Signature/Title

INSTRUCTIONS TO RESIDENTS, please:

- Have PPD test read 48–72 hours after placement. Decide when PPD is placed where you will have it read within the 48-72 hour time frame.
- You must have your test read at the administering facility. “Self-reads” are not permitted.
- Bring this result document along for reading. Your test cannot be read and documented without it.
- Direct questions about your PPD to PROHealth at PROHealth@dhha.org or (phone) 303-602-4774.
- Keep a copy of this result documentation for your records so you can provide when you are asked for a copy during credentialing, etc.
- **PROMPTLY RETURN RESULTS:** The provider/reader does not forward or save a record of results for you. **It is the resident’s responsibility to provide results to PROHealth.**

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