## DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES COMMUNICABLE DISEASE CONTROL SECTION

## TUBERCULIN TEST (PPD)

	I		
Last Name	First Name	M.I. DOB Age	
Address	Ethnic	Group	
	6.11		
I, the undersigned, do hereby give n to the Department of Public Healt			
Services to perform the test for the		CLINIC	
of my good health.	. manitenance	DATE TESTED	
		MANUFACTURER & LOT NO.	
Signature of person to receive the te	est or person		
authorized to make the request.	٩	SITE OF INJECTION	
_			
Date:	· · · · · · · · · · · · · · · · · · ·	DATE READ RESULTS	
TU	BERCULIN TEST (	(PPD)	
Last Name	First Name	M.I. DOB Age	
Last Maine	ru St Ivallie	M.I. DOB Age	
Address	Ethnic	ic Group	
I, the undersigned, do hereby give m	y full consent		
to the Department of Public Healt	h and Social	CLINIC	
Services to perform the test for the	maintenance		
of my good health.		DATE TESTED	
		MANI IFACTURED & LOT NO	
Signature of person to receive the te	est or person	MANUFACTURER & LOT NO.	
authorized to make the request.		SITE OF INJECTION	
Date:		DATE READ RESULTS	