

The University of Oklahoma Health Sciences Center
TB SKIN TEST AUTHORIZATION TO TREAT
UNIVERSITY OCCUPATIONAL HEALTH SCIENCES
711 Stanton L. Young Suite 101
Oklahoma City, OK 73104
405/271-3100

G Skin Test (Chest X-ray/Medical Evaluation if Contraindicated)

G Respirator Questionnaire/Physical

Is this the first time you have had a TB skin test performed while employed at the OUHSC? Yes _____ No _____

If no, approximate date of last skin test: _____

Name: _____

Social Security Number: _____ Date of Birth: _____

Department Name: _____ Department Telephone Number: _____

Department Address: _____

Supervisor or TB Coordinator Name (Please Print): _____

Supervisor or TB Coordinator Signature: _____

Date: _____

Please Mark One

G To the OUHSC Employee

G To the Prospective Employee

1. If your department is having group testing performed on site, you are responsible for reporting at the time you are directed to have the skin test read and for follow-up testing if required.

2. If your department is not having group testing performed, you are responsible for contacting University Occupational Health Sciences (UOHS) at 271-3100 to make an appointment for a skin test. A chest x-ray will only be provided if a skin test is contraindicated. You are responsible for returning to UOHS at the time you are directed to have the skin test read and for follow-up testing if required.

3. If the skin test is positive or if the skin test is being given as a result of an on-the-job exposure (positive or negative results), you are responsible for having your supervisor complete and sign a Form 2, Employer's First Notice of Injury and Supervisor's Report of an Occupational Injury or Illness form and FAXing it to CBR (FAX number 918/594-5171). This must occur within 24 hours of positive test results and as soon as possible upon knowledge of an on-the-job exposure. You must also complete an Employee's Report of Injury on the Job. These three forms must be provided to your departmental TB coordinator.

4. If the skin test is positive, you will be evaluated at UOHS and referred to Oklahoma City/County Health Department if medication is indicated.

5. If the chest x-ray is negative, you are responsible for providing a copy of the results to your TB coordinator and/or your supervisor.

6. If the follow-up chest x-ray is positive, follow the instructions for treatment provided by Oklahoma City/County Health Department and notify your TB coordinator as soon as possible.

1. You are responsible for providing documentation of a negative TB skin test or chest x-ray that is no older than six months.

2. A skin test may be provided at University Occupational Health Sciences at no cost to you. A chest x-ray will only be provided if a skin test is contraindicated.

3. If the skin test is positive, you are responsible for obtaining a follow-up chest x-ray, which can be obtained at no charge at the Oklahoma City/County Health Department. Results of the follow-up chest x-ray must be provided to the hiring department.

Date _____

1st Step PPD Results (circle):

Negative

Positive _____ mm

Date _____

2nd Step PPD Results (circle):

Negative

Positive _____ mm

I hereby authorize University Occupational Health Sciences to release the results of these tests to my employer/prospective employer.
(circle one of the above)

Signed: _____ Date: _____

Patient Signature