WILLIS-KNIGHTON
WORK KARE
OCCUPATIONAL PROVIDER NETWORK

Name ______________________________ Company _______________

Social Security Number: ____________________________

TB SKIN TEST RECORD

Willis-Knighton Medical Center
2724 Greenwood Road
Shreveport, La 71109
(318) 212-4750
Fax (318) 212-4545

WK Bossier Health Center
2300 Hospital Drive
Suite 360
Bossier City, La 71111
(318) 212-7750
Fax (318) 212-7757

WK Pierremont Health Center
1666 E. Bert Kouns
Suite 125
Shreveport, La 71105
(318) 212-3750
Fax (318) 212-3755

Have you ever had a TB Skin Test before? ☐YES ☐NO

When?____________________________ Result?__________________

If it was positive, did you receive treatment? ☐YES ☐NO

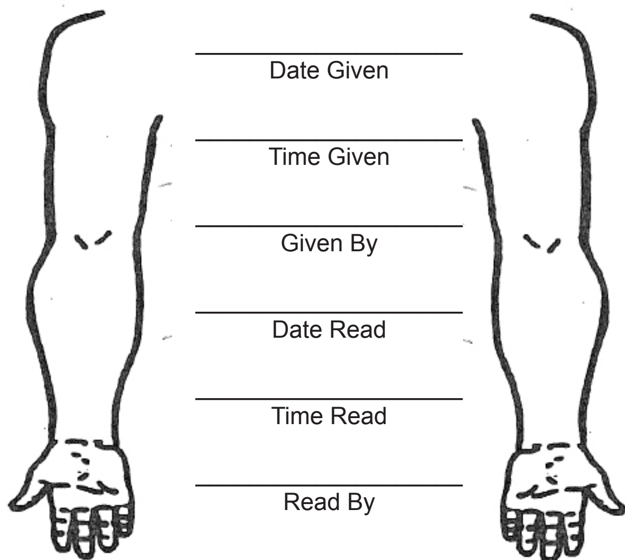
Where did you receive treatment?______________________________________

Have you ever had a reaction to a TB Skin Test? ☐YES ☐NO

Have you ever received BCG vaccination? ☐YES ☐NO

Signature______________________________ Date: _____________________

PPD



_______________ Date Given

_______________ Time Given

_______________ Given By

_______________ Date Read

_______________ Time Read

_______________ Read By

_______________ Result

TB STATUS EVALUATION

Date: ____________

1. Unexplained weight loss ☐YES ☐NO
2. Night Sweats ☐YES ☐NO
3. Chronic cough > 2 weeks ☐YES ☐NO
4. Chest pain ☐YES ☐NO

COMMENTS:

____
Employee Signature Date

____
Nurse Signature Date

TB MASK FIT/CHECK

Brand ________________________

Date: ____________ Size: _____ Regular ____ Small

Safety Seal: ____ Y _____ N

NOTE: Employees who experience a change in facial size or shape MUST return to Work Kare for mask retest.

MUST BE READ WITHIN 48 TO 72 HOURS

091573 (8/10)