Employee	Name.											
Linployee		eat s	heet un	til info	ma	tion is ad	ded to SYSTO	 DC ι	ınder S (CREENING FO	OLDER	
		S	taff men	nber tl	nat p	performs :	service mus	do	cument	it in Systoc		
						TUBER	CULOSIS					
Staff n	nember th	at pla	ints ppd	or read	s mu	ıst docum	ent in the EM	R th	at is nov	the medical	record for visit	
0.1 CC OF 5 TU	J PPD admini	stered	ID on volar	surface o	of Left	forearm for 1s	st step PPD and R	ight fo	orearm for 2	end step PPD		
Manufacturer:					Manufacturer:	Manufacturer: Lot#:						
Lot#: Expiration Dat						Expiration Date:						
STEP #1 🗆	dicate if	other	wise	placed)	STEP #2 Right volar (indicate if otherwise placed)							
Given By:		Da		, p.u,	Given By: Date:							
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Result: mm induration							Result: mm induration					
'>0 mm results are to be read by MD, NP or PA							*>0 mm results are to be read by MD, NP, or PA					
Read By:					ite:		Read By: Date:					
Result:			mm ir	nduratio	n		Result: mm induration					
						A 1 11						
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RIGHT					2K			+				
LEFT								+				
	25 have pro	vider r	eview audi	ogram p	rior to	o patient leav	ving office. It may	need	to be repe	ated today or with	in 28 days	
Repeat Tes	st .5K	.5K 1K		2K			3K	4	K	6K	8K	
RIGHT												
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VISION	□uncorre	cted	□ corr	ected			ara #plates					
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both 20	U/	both	1 20/			right		degree				
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	In	Ibs		F Medications c								
B/P	Р	100	Res	n '		C:						
D/ F			1/62	۲	Pre	escription:						

Medical Assistant Name: _____ Above info added to Systoc on ____/ ____/ ____