



POSITIVE PPD TEST FOLLOW-UP

Employee Name: _____ Soc. Sec. No. _____

Facility: _____ Work Location: _____ Work Phone: _____

Your PPD Skin Test showed _____ mm induration when read on _____ at _____.

Since this is a positive skin test, you should contact your physician for follow-up. This is in the best interest of your personal health. We strongly recommend you discuss Isoniazid preventive therapy with your physician. Please have your physician complete the information below within 2 weeks, or by _____ and return this form to:

Assistant Commissioner for Clinical Affairs
NYS DOCCS
Division of Health Services
State Campus Bldg #2
Albany, NY 12226
Phone: (518) 457-7073 FAX: (518) 457-2115

Reasonable excused time will be allowed for medical follow-up visits. Medical costs will be covered by State Insurance Fund/Worker's Compensation for all TB follow-up except positive screening at initial employment.

FOLLOW-UP PHYSICIAN INFORMATION:

The above-named individual was seen by me on _____ for follow-up of a positive PPD test. A list of reported symptom(s) and these test(s) and/or treatment(s) were included in the follow-up:

- Chest x-ray results: _____
Medication(s) prescribed-name: _____
Preventative
Disease Treatment Expected duration: _____

FOLLOW-UP PHYSICIAN IDENTIFICATION:

Name (please print): _____, M.D. Signature _____, M.D.
Address: _____
Phone: (____) _____ Date: _____