

# City of Bethlehem

INDUSTRY • EDUCATION • RELIGION • MUSIC • RECREATION  
AN EQUAL OPPURTUNITY EMPLOYER

BUREAU OF HEALTH  
Phone: 610-865-7087  
Fax: 610-865-7326  
TDD: 610-865-7064

## TUBERCULOSIS SCREENING (MANTOUX)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

Circle one: Undergraduate (or) Graduate Email: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever had TB disease?  Yes  No  Don't know

Have you ever been exposed to a person with infectious TB disease?

Yes  No  Don't know

Did you ever have the BCG Vaccine?  Yes  No

Have you ever had a positive TB skin test?  Yes  No

Last documented PPD date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last PPD result: \_\_\_\_ mm Circle: Positive or Negative

Have you ever been treated for TB?  Yes  No

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Symptom evaluation: (answer yes or no)

Persistent cough?	Weight loss?	Fever?	Night sweats?	TB suspected?	Education date?

**\* Bottom portion to be completed by Lehigh University Health Center nurse only.**

Mantoux Test (PPD) First

Date given	MFG	Site	Lot #	Exp. date	Given by	Date read	Result mm	Neg/pos	Read by

Referred for follow-up evaluation?  Yes  No

If yes, where:  Employee health unit  Local health department

Personal physician  Other, specify \_\_\_\_\_



10 EAST CHURCH STREET, BETHLEHEM, PENNSYLVANIA 18018