



TUBERCULOSIS REVIEW
Employee Health Service
State University of New York at Stony Brook
Level 4 Room 473
Stony Brook, NY 11794-7409
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Last Name First Name Date
MRN#
Job Title / Dept. / Location SS#
Tuberculosis Exposure: Month of Hire
Date(s): DOB
Place: Place of Birth
History of T.B
History of Positive PPD
Treatment for Positive PPD - dates

Symptom Review: do you have any of these symptoms?

Persistent fever Cough
Chest pain Night sweats
Unexplained weight loss Sputum change

Post exposure PPD: Baseline Follow-up
PPD placed date: By:
Manufacturers lot #: Site: R L
Date Read: By:
License #
Results: Negative: mm induration Positive: mm induration

If positive PPD:

Date of chest x-ray: Result: