New employees: □ This is your FIRST STEP Tb test. DO NOT have this one read or submit online. Return 7 -10 days to have the 2nd step Tb test applied on: __________

Employee name: ___________________________ UMID#__________________

Date applied: ______________ Time applied: ________ L / R forearm

MUST BE READ IN 48-72 HOURS WHICH IS:  S  M  T  W  TH  F  SAT

Tb reading options:

1) Return to OHS

2) Follow instructions on our website for how to self-report results
   In order to self-report, the person who reads the Tb test must be a designated medical liaison
   Visit our website for an updated medical liaison list.
   https://hr.umich.edu/benefits-wellness/health-well-being/occupational-health-services/site-manual/medicalliaisons-information

3) Have a medical trained reader read Tb test results and complete and return form to OHS

   Read Date: ____________________ Results: Negative  Positive

   Induration: _______ mm  Time read: ____________

   Please print name of reader: _______________________________________

   Fax to: 3-7405 (internal)/ 763-7405 (external)