



TO: \_\_\_\_\_  
(EMPLOYER)

The person named herein received a PPD skin test  
01/25/2022.

The skin test for Tuberculosis was read on 01/27/2022  
with results of NEGATIVE (0MM).

Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Signed: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

This card is to be kept on file by the employer where the employee works.