Freedom Home Care, LLC
7551 Shelby Street, 3rd Floor.
Indianapolis, IN 46227
Phone: (317) 744-9676
Fax: (317) 744-9824

A 2-step tuberculin (TB) skin test is required for employment with Freedom Home Care **OR** one time blood work of QuantiFERON-TB Gold Plus. Please take this form to the location of your choice and once the exam has been completed, bring a signed copy of this form back to the company.

**Name:** _____ **DOB:** _____

## Mantoux TB Skin Test- Step 1

Date/Time Administered: _____

Lot Number and Expiration Date: _____

Site (please circle): Left Arm Right Arm

Date/Time Read: _____ Induration: _____mm

Result: Positive _____ Negative _____

Signature of Provider: _____ RN / MD

## Mantoux TB Skin Test- Step 2 (1-3 weeks following Step 1)

Date/Time Administered: _____

Lot Number and Expiration Date: _____

Site (please circle): Left Arm Right Arm

Date/Time Read: _____ Induration: _____mm

Result: Positive _____ Negative _____

Signature of Provider: _____ RN / MD