TUBERCULOSIS SKIN TEST FORM

Patient Name: _____

Testing Location: _____

Date Placed: _____

Site: ___Right ___Left

Lot#: _____ Expiration Date: _____

Signature (administered by):_____

RN__ MD__ Other: _____

Date Read (within 48-72 hours from date placed): _____

Induration (please note in mm): _____mm

PPD (Mantoux) Test Result: __Negative __Positive

Signature (results read/reported by): _____

RN__ MD__ Other: _____