



MANTOUX FORM  
Annual Mantoux TB Skin Test

**STEP 1:**

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

By signing, I consent to having a TB skin test \_\_\_\_\_

Lot # \_\_\_\_\_, Exp. Date \_\_\_\_\_, L\_\_\_ R\_\_\_ Forearm, Wheal 6mm or > \_\_\_\_\_ mm

Date given: \_\_\_\_\_, Time given: \_\_\_\_\_, Given by: \_\_\_\_\_

**Must be read in 48 to 72 hours after administration**

RESULTS: Date read: \_\_\_\_\_ Time Read: \_\_\_\_\_ Results: \_\_\_\_\_ mm induration

Read by: \_\_\_\_\_

**\*Second step must be administered 7 days after the first administration.**

**STEP 2:**

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

By signing, I consent to having a TB skin test \_\_\_\_\_

Lot # \_\_\_\_\_, Exp. Date \_\_\_\_\_, L\_\_\_ R\_\_\_ Forearm, Wheal 6mm or > \_\_\_\_\_ mm

Date given: \_\_\_\_\_, Time given: \_\_\_\_\_, Given by: \_\_\_\_\_

**Must be read in 48 to 72 hours after administration**

RESULTS: Date read: \_\_\_\_\_ Time Read: \_\_\_\_\_ Results: \_\_\_\_\_ mm induration

Read by: \_\_\_\_\_