



**Richard Medical**  
— Academy —

**Mantoux Tuberculin Skin Test Record Form**

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

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home Work

**Skin Test Information**

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

Date/time Administered: \_\_\_\_\_

Arm on which Administered: \_\_\_\_\_

Manufacturer & Expiration Date of PPD Solution: \_\_\_\_\_

Lot #: \_\_\_\_\_

**Results: Test #1 (within 48-72 hours after placement)**

Induration: \_\_\_\_\_ mm Date/time of Reading: \_\_\_\_\_

Comments and Adverse Reaction(s), if any: \_\_\_\_\_

\_\_\_\_\_

Name of Reader: \_\_\_\_\_

Signature of Reader: \_\_\_\_\_



**Richard Medical**  
— Academy —

**Skin Test Information**

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

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

Date/time Administered: \_\_\_\_\_

Arm on which Administered: \_\_\_\_\_

Manufacturer & Expiration Date of PPD Solution: \_\_\_\_\_

Lot #: \_\_\_\_\_

**Results: Test #2 (within 48-72 hours after placement)**

Induration: \_\_\_\_\_ mm      Date/time of Reading: \_\_\_\_\_

Comments and Adverse Reaction(s), if any: \_\_\_\_\_

\_\_\_\_\_

Name of Reader: \_\_\_\_\_

Signature of Reader: \_\_\_\_\_

1. If the student desires to obtain a TB T-Spot one time test, this cost is incurred explicitly at the student's cost and results must be submitted to the academy for the student record.
2. If the student is required to have a chest x-ray, this cost is incurred explicitly at the student's cost and results must be submitted to the academy for the student record.
3. Richard Medical Academy does not provide TB T-Spot or Chest X-ray testing. It is the students' responsibility to arrange for the above testing.