

# Tuberculosis Skin Test Form

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

Testing Location: \_\_\_\_\_

Date Placed: \_\_\_\_\_

Site:  Right  Left

Lot #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature (administered by): \_\_\_\_\_

RN  MD Other: \_\_\_\_\_

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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: \_\_\_\_\_