Tuberculosis Skin Test

Patient Name: _____

Testing Location: _____

Date Placed: _____

Site: ___Right ___Left

Lot # _____ Expiration Date: _____

Administered by: _____

__RN __MD Other_____

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

Induration (please not in mm): _____mm

PPD (Mantoux) Test Result: ____Negative _____Positive

Signature (results read/reported by): _____