

Dearborn County Health Department

Public Health Nursing Division
165 Mary Street, Lawrenceburg, Indiana 47025
Phone: (812) 537-8843 or (812) 537-8844 -- Fax: (812) 532-3268

Tuberculosis Test (Mantoux) Screening

Name: _____ AGE: _____ DOB: _____ Allergies: _____

Address: _____ State: _____ Zip: _____ Phone: _____

Please answer the following questions by circling YES or NO:

Have you ever had a positive TB skin test? YES NO

Have you ever been diagnosed or treated
For tuberculosis? YES NO

Within the past 6 weeks, have you received
a vaccine? YES NO

Are you pregnant or nursing at the current time? YES NO

Have you received a Tuberculosis Vaccine? YES NO

By Signing: 1. I hereby give consent this date to be given a tuberculosis intradermal test. I understand I must return within 48-72 hours to have this test read for determination of results. I have had the opportunity to ask questions and all of my questions have been adequately answered. 2. I consent to our use and disclosure of protected health information.

Signature

Date

Record of Testing

Administration Date: _____ /Time: _____ Site: LFA RFA

Test Brand/Lot #: Sanofi _____ Dosage: 5 TU per 0.1ml Expiration Date: _____

Administered By: _____

Read Date: _____ /Time _____

Results: _____ mm Read By: _____

CHEST XRAY required: YES or NO

If YES:

Physician Notified: _____ ISDH Notified: _____