

TUBERCULOSIS SKIN TEST FORM

Healthcare Professional/Patient Name: \_\_\_\_\_

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

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

Site: \_\_\_ Right \_\_\_ Left

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

Administered by: \_\_\_\_\_  
Signature

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: \_\_\_\_\_