



Mantoux Tuberculin Skin Test Record Form

Please complete the following form and return the original copy to the school.

Patient Information

Name: _____

Address: _____

Telephone: _____
Home Mobile

Skin Test Information

Administrator Name: _____

Date/time Administered: _____

Arm on which Administered: _____

Manufacturer of PPD Solution: _____

Expiration Date of PPD Solution: _____

Lot #: _____

Results

Step 1

Induration: _____ mm Date/time of Reading: _____

Comments and Adverse Reaction(s), if any*: _____

Name of reader: _____ Signature: _____

Step 2

Induration: _____ mm Date/time of Reading: _____

Comments and Adverse Reaction(s), if any*: _____

Name of reader: _____ Signature: _____

* It is very unlikely that a side effect to the test will occur. If such an event does happen, the most common reaction is pain or redness at the test site. In very rare cases, a person who is hypersensitive to the solution could have a severe allergic reaction near the injection site. Such rare reactions may include blistering, or a skin wound.

If a QuantiFERON Gold was processed within 90 days or Chest x-ray was obtained within one year, please attach a copy of the results.