



## 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.**