



## Mantoux Tuberculin Skin Test Record

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Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PPD: Manufacturer: \_\_\_\_\_

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

### Tuberculin Skin Test Placement:

Date Placed: \_\_\_\_\_ Location: \_\_\_\_\_

Placed By/ Signature: \_\_\_\_\_

### Tuberculin Skin Test Results

Date Read: \_\_\_\_\_ Results (mm): \_\_\_\_\_

Placed By/ Signature: \_\_\_\_\_

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Received By: \_\_\_\_\_ Date: \_\_\_\_\_