



Mantoux Tuberculin Skin Test Record

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: _____