

# Mantoux Tuberculin Skin Test Record Form

Patient Name: \_\_\_\_\_

## Skin Test Information

Administrator Name: \_\_\_\_\_

Date Administered: \_\_\_\_\_

Arm on which Administered: \_\_\_\_\_

Manufacturer of PPD Solution: \_\_\_\_\_

Expiration Date of PPD Solution: \_\_\_\_\_

Lot #: \_\_\_\_\_

## Results

Negative  Positive

Induration: \_\_\_\_\_ mm      Date of Reading: \_\_\_\_\_

Name of Reader: \_\_\_\_\_

Signature: \_\_\_\_\_

Office Stamp

