

# Mantoux Tuberculin Skin Test Record Form

## Patient Information

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

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home Work

## Skin Test Information

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

Date/time Administered: \_\_\_\_\_

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

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

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

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

## Results

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.