

TEST FOR TB INFECTION RECORD

Student name: _____

Address: _____

City: _____

State, zip code: _____

Phone number: _____

TST

Date and time TST administered: _____

Name of person who administered TST: _____

Site of TST: _____

Manufacturer of PPD solution, lot #, expiration date: _____

Results of TST recorded in millimeters of induration: _____

Name of person who measured induration: _____

IGRA

Date test performed: _____

QuantiFERON[®]-TB Gold In-Tube

T-SPOT[®]-TB

Results: _____