

**DOCUMENTATION FOR TUBERCULIN SKIN TESTING
USING THE MANTOUX METHOD**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

SKIN TEST INFORMATION _____

ADMINISTRATOR NAME _____

DATE ADMINISTERED _____ TIME _____

ARM OF SKIN TEST PLACEMENT (CIRCLE ONE) LEFT OR RIGHT

BRAND NAME OF PPD SOLUTION _____

LOT # _____ EXPIRATION DATE OF PPD SOLUTION _____

RESULTS: INDURATION = _____ mm DATE OF READING _____ TIME _____

NAME OF READER _____

SIGNATURE _____