



Annual Tuberculin Skin Test

Name of Patient (Please Print): _____

TB ASSESSMENT:

Purified protein derivative (PPD): Lot # _____ Exp. Date: _____

Administered by Mantoux technique into: _____ Left forearm _____ Right forearm

Administered by: _____ Date: _____ Time: _____ am / pm

.....
Read by: _____ Date: _____ Time: _____ am/pm

RESULTS: Negative _____ mm Positive _____ mm induration (48-72 hours)

Comments: _____

Testing sight Information, Office Address, Phone Number

Organization: _____

Address: _____

Office Phone number: _____

Office Stamp

**Stamp with Examiner's office stamp w/ address, phone/fax #'s:*

**This document is subject to verification*