

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

### Results

Date/time of Reading: \_\_\_\_\_

Induration: \_\_\_\_\_ mm      Negative \_\_\_\_\_      Positive \_\_\_\_\_

Comments and Adverse Reaction(s), if any\*: \_\_\_\_\_  
\_\_\_\_\_

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

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