



## Mantoux Test

If you've previously had a 2-step TB and have followed up with your annual 1-step testing, then we only need you to obtain a 1-step but we will need proof of each years 1-step all the way back to your initial 2-step.

Please use this form only.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1<sup>st</sup> step

Date Given: \_\_\_\_\_ Site: Right / Left Forearm (please circle)

TUBERSOL: Lot: \_\_\_\_\_ Exp: \_\_\_\_\_

Test Given By: \_\_\_\_\_

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\*\*\*\*MUST BE READ BY A PHYSICIAN, NURSE PRACTITIONER OR AN RN\*\*\*\*

Date Read: \_\_\_\_\_

Results: \_\_\_\_\_ mm

Read By: \_\_\_\_\_ / \_\_\_\_\_  
(please print) (signature)

Comments: \_\_\_\_\_

2<sup>nd</sup> step

Date Given: \_\_\_\_\_ Site: Right / Left Forearm (please circle)

TUBERSOL: Lot: \_\_\_\_\_ Exp: \_\_\_\_\_

Test Given By: \_\_\_\_\_

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\*\*\*\*MUST BE READ BY A PHYSICIAN, NURSE PRACTITIONER OR AN RN\*\*\*\*

Date Read: \_\_\_\_\_

Results: \_\_\_\_\_ mm

Read By: \_\_\_\_\_ / \_\_\_\_\_  
(please print) (signature)

Comments: \_\_\_\_\_

Only needed if unable to provide results via skin TB test

Chest X-Ray Date: \_\_\_\_\_ Results: \_\_\_\_\_