

Tuberculin Skin Test Report

To be completed by a Physician

Name of Student _____ Birthday _____

Place of Birth _____

Mantoux (PPD) is the only Acceptable Tuberculin test.

Date of administration _____

Date of reading of the test _____

Test reaction _____

Date and results of chest x-ray(required only if skin test is positive). _____

Statement that student is free of communicable tuberculosis _____

Signature of Physician or Health agency representative

Date

Address

Telephone