



TUBERCULOSIS SKIN TEST

Employee/Applicant

Name: _____

Date of Birth: _____

PLANT

Date Planted: _____

Lot #: _____

Time Planted: _____

Lot Expiration: _____

Planted by:

Name: _____

Title: _____

READ

Date Read: _____

Results in mm of Induration: _____

Time Read: _____

Please circle one: **NEGATIVE or POSITIVE**

Read by:

Name: _____

Title: _____

Office Address:

Office Stamp
