

Initial Tuberculosis Test Report Form
Department of Nursing

Student Name: _____

Clinic Information (name and location): _____

Two-Step Tuberculin Skin Test

1st TEST	Date Given: _____ Time Given: _____ <input type="checkbox"/> R <input type="checkbox"/> L
	Given By: _____
	** Results must be read 48-72 hours after administration **
	Date Read: _____ Time Read: _____
	Reaction: _____mm Results: ___Negative ___Positive
	Read By: _____

2nd TEST	NOTE: Second tuberculin skin test must be administered 7-21 DAYS after 1st test is <u>READ</u>.
	Date Given: _____ Time Given: _____ <input type="checkbox"/> R <input type="checkbox"/> L
	Given By: _____
	** Results must be read 48-72 hours after administration **
	Date Read: _____ Time Read: _____
	Reaction: _____mm Results: ___Negative ___Positive
Read By: _____	

OR

QuantiFERON-TB Gold or T-SPOT blood test. Attach lab report indicating test results.

OR

Previous or current positive tuberculin skin test or received BCG vaccination. Negative chest x-ray required.

Keep a copy of this form for your personal records!