

TB SKIN TEST REQUIREMENT

This form must be completed after August 11, 2025.

Tuberculin Skin Test (TST/Mantoux/PPD)

Date given _____ Date read _____ Type: _____

Induration _____mm Impression: _____Pos _____Neg

Chest X-ray (required if skin test is positive)

Date _____ Impression: _____ Pos _____Neg

Free of communicable TB: _____ Pos _____Neg

Name of Physician:

Signature of Physician:

Doctor's Office Stamp

Not valid without stamp