EDUCATION DIVISION
Tuberculin Test (Mantoux)

Name of patient: ________________________________________________________
Date test administered: __________________ ___________________
Date test read:  _____________________________________
Result:    ______ _______________________________
Signature of physician or nurse: ____________________________________________
Date: ________________________________

Or attach documentation of the test and test results to this form.

The TB test is good for two years. Students are responsible for submitting new results as the existing ones expire.