



CABRINI COLLEGE

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.