

Tuberculosis (PPD) Skin Test

Dose:
Product Name:
Manufacturer:
Lot#:
Expiration date:

NAME: _____ DOB: _____ DATE: _____

DATE PLANTED: _____ ADMINISTERED BY: _____

SITE: ___R___L___Forearm

DATE READ: _____ SIGNATURE OF READER: _____

INTERPRETATION: _____MM INDURATION

COMMENTS: _____

HEALTHCARE FACILITY: _____

ADDRESS: _____ PHONE: _____

TST (Tuberculin Skin Test) must be read within 48 to 72 hours by an RN, APRN or MD.