



One-Step Tuberculin Skin Test Form

Name of Testing Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient D.O.B: \_\_\_\_\_

Has patient ever had a previous positive test? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Initial Injection: \_\_\_\_\_ Site: (Circle) Right Forearm Left Forearm

Lot# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Administered by:

Printed: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Read (**Must be within 48-72 hrs. from date placed**): \_\_\_\_\_

Induration (in mm): \_\_\_\_\_ mm

PPD (Mantoux) Test Result: \_\_\_\_\_ Negative \_\_\_\_\_ Positive

Results Read/Reported by:

Printed: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return form to:**

**Allegany College of Maryland  
Nurse Managed Wellness Clinic AH115  
12401 Willowbrook Road SE  
Cumberland, MD 21502-2596  
FAX: 301-784-5093**