



Two-Step Tuberculin Skin Test Form

Name of Testing Facility: _____

Address: _____

Phone: _____

Patient Name: _____

Patient D.O.B: _____

STEP ONE	
Mantoux Tuberculin Skin Test 0.1 ml intradermal injection	
Manufacturer: _____	TST Test Site:
Lot number: _____ Expiration date: _____	<input type="radio"/> Right <input type="radio"/> Left forearm
Date Administered: _____ Time administered: _____ AM/PM	
Administered by: _____	
RESULTS: Date Read: _____ Time read: _____	
_____ mm induration (Zero thickness or induration) _____ No reaction	
Interpreted by: _____	

ONE WEEK AFTER STEP ONE READ DATE:

STEP TWO	
Mantoux Tuberculin Skin Test 0.1 ml intradermal injection	
Manufacturer: _____	TST Test Site:
Lot number: _____ Expiration date: _____	<input type="radio"/> Right <input type="radio"/> Left forearm
Date Administered: _____ Time administered: _____ AM/PM	
Administered by: _____	
RESULTS: Date Read: _____ Time read: _____	
_____ mm induration (Zero thickness or induration) _____ No reaction	
Interpreted by: _____	

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