

Last Name First Name MI Birth Date Age

Address City State Zip Phone

**Check reason for this test:**

Work  School  Volunteer  Medicine  Rehab Facility  Contact with active TB  Symptoms

If you checked work, school or volunteer, please list where: \_\_\_\_\_

If you checked contact with active TB or symptoms, please specify: \_\_\_\_\_

Allergies: \_\_\_\_\_

Latex Allergy: (Reaction to balloons, rubber gloves, condoms, band aids, tape, elastic, spandex, or after dental work or vaginal exam.) \_\_\_\_\_

YES NO Are you pregnant? STOP! To continue, you will need to obtain an order from your Physician. No exceptions!

YES NO Have you ever had a positive TB skin test? If yes. When/Where treated? \_\_\_\_\_

YES NO Do you have a severe cold, flu or infection currently?

Yes NO Have you taken steroids with the past year?

YES NO Have you had any vaccines within the past 4-6 weeks? If yes please list \_\_\_\_\_

YES NO Are you now or have you recently been on chemotherapy or treatment for a major illness or disease?

I have read or had explained to me the tuberculosis information given to me. I have had a chance to ask questions. I understand that risks may be associated with the test, such as an allergic reaction, blistering or ulceration. Redness or itchiness may occur temporarily. Persons 55 years and older who haven't had a TB test in the past year are advised to have a second test in 2 weeks. Pregnant women are advised to consult with their physician for testing. Return to the health department within 48 to 72 hours. If the TB skin test is not read during that time, you will need to have another TB skin test applied.

Signature of person to receive the Mantoux TB skin test or person authorized to make the request. Date

Date Given	Time Given	Site	Lot#	Exp. Date	Initials/ Given by	Date Read	Time Read by	Initials/ Read	Induration
		Left Right Forearm							

Test Administered By: \_\_\_\_\_

Read By: \_\_\_\_\_

**IF TWO STEP IS NEEDED:**

Date Given	Time Given	Site	Lot#	Exp. Date	Initials/ Given by	Date Read	Time Read by	Initials/ Read	Induration
		Left Right Forearm							

Test Administered By: \_\_\_\_\_

Read By: \_\_\_\_\_