



Mantoux Tuberculin Testing Form

Student Name:	Date of Birth:
Address:	
City & State:	Zip Code:
Telephone No.	

Step 1 Mantoux Testing

Date Administered:	Site Given:
Administered By:	
Lot#:	Expiration Date:
Date Read:	Results:
Location of Testing:	
Read By:	

Step 2 Mantoux Testing

Date Administered:	Site Given:
Administered By:	
Lot#:	Expiration Date:
Date Read:	Results:
Location of Read Results:	
Read By:	

* If there are any difficulties with taking the Mantoux test and/or a history of positive Mantoux results, a current negative chest x-ray should be provided, and attached to this form.