**Mantoux 2 steps Tuberculin Skin Test Record**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DO NOT ADMINISTER (If there is a history of past positive reaction or history of treatment for TB.)**

**Reason:**

 **□ New employment (2‐step)**

**□   Annual  (2 step required Y\_\_\_ N\_\_\_\_\_)**

**First Step:**

**Date given: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_Site: R/L forearm(circle)**

**Manufacturer of PPD Solution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Lot #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date/time of Reading: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Results Induration: \_\_\_\_\_\_\_\_\_\_\_\_mm \_\_\_\_\_Negative\_\_\_\_ Positive**

**Comments and Adverse Reaction(s), if any\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name of Reader /Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

If 1st step is negative, the 2nd injection should be administered no earlier than 7 days and no later than 21 days after the READ DATE (not place date) of the 1st injection.

**2nd step:**

**Date given: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Time: \_\_\_\_\_\_Site: R/L forearm(circle)**

**Manufacturer of PPD Solution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Lot #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date/time of Reading: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Results Induration: \_\_\_\_\_\_\_\_\_\_\_\_mm \_\_\_\_\_Negative\_\_\_\_ Positive**

**Comments and Adverse Reaction(s), if any\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name of Reader /Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\* Trained personnel must read results within 48-72 hours. If > 10 mm induration or if assessment is positive, refer employee to the County Health Department for evaluation and treatment.**