



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.**