



MFP

Work Wellness

Report of Tuberculin Screening

Name: _____ Date of Birth: _____

Application:

Date of 1st Tuberculin skin test: _____

Site: _____

Manufacturer: _____ Lot #: _____ Expiration Date: _____

Signature of person administering: _____ Title: _____

Interpretation:

Date results read: _____ mm of duration: _____

Signature of person interpreting: _____ Title: _____

Application: (Step 2 If Needed)

Date of 2nd Tuberculin skin test: _____

Site: _____

Manufacturer: _____ Lot #: _____ Expiration Date: _____

Signature of person administering: _____ Title: _____

Interpretation:

Date results read: _____ mm of duration: _____

Signature of person interpreting: _____ Title: _____