Initial Tuberculosis Test Report Form
Department of Nursing

Student Name: ______________________________________________

Clinic Information (name and location): ____________________________

☐ Two-Step Tuberculin Skin Test

| 1st TEST | Date Given: ___________  Time Given: ___________  □ R  □ L  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Given By: ___________________________________________</td>
<td></td>
</tr>
<tr>
<td>** Results must be read 48-72 hours after administration **</td>
<td></td>
</tr>
</tbody>
</table>
| Date Read: ___________  Time Read: ___________  
| Reaction: ______mm  Results: ____Negative  ____Positive  
| Read By: ________________________________ |

<table>
<thead>
<tr>
<th>2nd TEST</th>
<th>NOTE: Second tuberculin skin test must be administered 7-21 DAYS after 1st test is READ.</th>
</tr>
</thead>
</table>
| Date Given: ___________  Time Given: ___________  □ R  □ L  
| Given By: ___________________________________________ |
| ** Results must be read 48-72 hours after administration ** |
| Date Read: ___________  Time Read: ___________  
| Reaction: ______mm  Results: ____Negative  ____Positive  
| Read By: ________________________________ |

☐ QuantiFERON Blood Test. Attach lab report indicating test results.

OR

☐ Previous or current positive tuberculin skin test or received BCG vaccination. Contact the Nursing Department.

*Keep a copy of this form for your personal records!*