



Tuberculin (TB) Skin Test

Name: _____ Date of Birth: ____ / ____ / ____ Telephone: (____) ____ - ____

Address: _____
Street City State Zip

Allergies: _____

Step One TST:

Administration of TST 1:

Date: ____ / ____ / ____ Time: ____ : ____ ☐ A. M. ☐ P. M. Site: _____

Manufacturer: _____ Lot Number: _____ Expiration Date: ____ / ____ / ____

Administrator Name: _____ Title: _____

Reading of TST 1 (within 48-72 hours of administration):

Date: ____ / ____ / ____ Time: ____ : ____ ☐ A. M. ☐ P. M.

Induration: _____ mm

Notes: _____

Choose one: ☐ Return for Step Two in 1-3 weeks ☐ Refer for chest x-ray

Reader Name: _____ Title: _____

Signature: _____

Step Two TST:

☐ Step Two TST not needed (attach proof of negative TB test from last 12 months)

Administration of TST 2:

Date: ____ / ____ / ____ Time: ____ : ____ ☐ A. M. ☐ P. M. Site: _____

Manufacturer: _____ Lot Number: _____ Expiration Date: ____ / ____ / ____

Administrator Name: _____ Title: _____

Reading of TST 2 (within 48-72 hours of administration):

Date: ____ / ____ / ____ Time: ____ : ____ ☐ A. M. ☐ P. M.

Induration: _____ mm

Notes: _____

Choose one: ☐ No follow-up necessary unless signs/symptoms of TB develop ☐ Refer for chest x-ray

Reader Name: _____ Title: _____

Signature: _____

