

MANTOUX (TUBERCULOSIS TEST)

Employee Name:

Employee Social Security #: _____ - _____ - _____

Date Given: ____/____/____

Administered By: _____

TEST MUST BE READ IN 48 TO 72 HOURS

Results: (Please check one)

_____ 0-3 mm in duration (negative) No further testing is required.

_____ 3-9 mm in duration (questionable) Re-testing is required.

_____ 10 mm in duration (positive) Chest X-Ray is required.

Chest X-Ray date: ____/____/____ Result: _____