



Consent for Mantoux Tuberculin Skin Test

Name: _____ Date: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Have you ever had a previous TB skin test? Yes / No Year _____

Have you had a positive reaction to a TB skin test? Yes / No Year _____

Females: If pregnant have you discussed TB testing with your doctor? Yes / No / NA

Signature: _____ Date: _____

Date given: _____ Lot # _____ Exp. Date _____ Mfr: _____

Injection site: _____

Signature _____

Date Read: _____ Results (mm) _____

Signature _____

Name of establishment: _____

Address: _____

Phone Number: _____