

**LABORATORY - MANTOUX SKIN TEST RESULT
5TU-PPD-TUBERCULIN**

FORM L8

ID LABEL
HERE --->

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VISIT #:

FORM COMPLETED BY:

VERSION DATE: 08/15/94

ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.

A1. 5TU-PPD-TUBERCULIN WAS:

DONE..... 1 (A2)

NOT DONE..... 2

_____ (END)

(SPECIFY REASON)

A2. DATE 5TU-PPD-TUBERCULIN PLACED:

___ / ___ / ___
M D Y

A3. DATE OF 5TU-PPD-TUBERCULIN READING: *

___ / ___ / ___
M D Y

A4. RECORD MEASURED INDURATION OF 5TU-PPD-TUBERCULIN:

___ mm

* **IF READING OCCURS > 3 DAYS AFTER PLACEMENT OF PPD,
REAPPLICATION OF PPD IS REQUIRED IF SKIN TEST IS NEGATIVE.**