

**TUBERCULOSIS SKIN TESTING
FACILITY RECORD**

EMPLOYEE NAME/CLIENT		
DATE OF BIRTH		
ANTIGEN(S) USED		
LOT NUMBER(S)	(ONE STEP)	(TWO STEP)
DATE(S) OF TEST	(ONE STEP)	(TWO STEP)
DATE(S) READ	(ONE STEP)	(TWO STEP)
RESULTS (IN MM)	(ONE STEP)	(TWO STEP)
GIVEN BY	READ BY	
COMMENTS		

**EMPLOYEE RECORD
TB SKIN TEST**

NAME
FACILITY TESTED AT
DOB
ANTIGEN
DATE GIVEN
DATE READ
RESULTS
GIVEN BY
READ BY