Mantoux Tuberculin Skin Test Record Form

Employee Information

Name: _____________________________________________________________________

Skin Test Information

Administrator Name: __________________________________________________________

Date/time Administered: _______________________________________________________

Arm on which Administered: ___________________________________________________

Manufacturer of PPD Solution: _________________________________________________

Expiration Date of PPD Solution: ______________________________________________

Lot #: __________________

Results

Induration: ___________________ mm1 Date/time of Reading: ____________________

Comments and Adverse Reaction(s), if any2: ______________________________________

__________________________________________________________________________

Name of Reader: ____________________________________________________________

Signature: _________________________________________________________________

1 Record all TST results in millimeters, even those classified as negative. Do not record only as “positive” or “negative.” Record the absence of induration as “0 mm.”

2 It is very unlikely that a side effect to the test will occur. If such an event does happen, the most common reaction is pain or redness at the test site. In very rare cases, a person who is hypersensitive to the solution could have a severe allergic reaction near the injection site. Such rare reactions may include blistering or a skin wound. Severe adverse reactions to the TST are rare but include ulceration, necrosis, vesiculation, or bullae at the test site, or anaphylactic shock, which is substantially rare. These reactions are the only contraindications to having a TST administered. In rare instances, the reaction might be severe (vesiculation, ulceration, or necrosis of the skin). Report severe adverse events to the FDA MedWatch Adverse Events Reporting System (AERS), telephone: 800-FDA-1088; fax: 800-FDA-0178; http://www.fda.gov/medwatch report form 3500