

Notification of TB Skin Test

Name: _____ Birth Date: _____
Address: _____ City: _____
Phone: _____ Reason for Skin Test: _____

Tuberculin Testing Results (To be completed by the Health Care Professional)

TEST	DATE TEST GIVEN	SITE (FOREARM)	TIME
MANTOUX/PPD		L	
Lot # _____		R	
Expire Date _____			

Test Administered by: _____
Marshall County Health Department
600 Broadway Street
Marysville, KS 66508
785-562-3485

DATE TEST READ: _____ TIME: _____

RESULT: _____ MM

POSITIVE NEGATIVE

TEST READ BY: _____
Marshall County Health Department
600 Broadway Street
Marysville, KS 66508
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A *negative* skin test reading means that no tuberculosis infection is present.

A *positive* skin test reading means tuberculosis infection may be possible. This DOES NOT MEAN you have active Tuberculosis. It does mean that further testing and follow-up is necessary. You will be contacted concerning this and further treatment might be needed. If you have questions, please visit with the nurse who reads you skin test.