



Record of TB skin test (TST)

To Whom it May Concern:

The following is a record of Mantoux tuberculin skin testing:

Name: _____

Date of birth: _____

Date and time test administered: _____

Administered by: _____

Date and time test read: _____

Read by: _____

Results (in millimeters of duration): _____.

Health Care Provider Name and Address: _____

Thank you,

Department of Education
Elizabethtown College
Phone: 717-361-1210

I give consent for Elizabethtown College Student Health to fax/email this form to the Education Department to be placed in my file.

Student Signature

Date