Tuberculosis Skin Test Results

One Step Tuberculosis (TB) Skin Test

Patient’s Name (print please) ____________________________________________

Date Given: ____________

Date Read: ____________

Results: ______ mm

Negative  Positive

Is there any follow-up required?  No  Yes (If yes, please detail below)

________________________________________  ____________
Signature of Person Reading Results  Date

Address or Stamp of Clinic where test was performed:

Results may be Mailed or Faxed to:

Faulkner University
Health Clinic
5345 Atlanta Hwy
Montgomery AL 36109

Phone: 334-386-7183 or 334-386-7184
Fax: 334-386-7180