



Faulkner University

— A CHRISTIAN UNIVERSITY —

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