RARITNA BAY MEDICAL CENTER
Volunteer Services Department

Mantoux Tuberculin Skin Test Record Form

New Jersey State regulations require that **all new volunteers have a two-step Mantoux tuberculin skin test (2 injections, 2 weeks apart)** before they are assigned to a volunteer position in the medical center.

Patient Information
Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: _____ _____
Home Work

Skin Test Information
Administrator Name: _____

Date/time Administered: _____

Arm on which Administered: _____

Manufacturer of PPD Solution: _____

Expiration Date of PPD Solution: _____

Lot #: _____

Results
Induration: _____mm Date/time of Reading: _____

Comments and Adverse Reaction(s), if any*: _____
_____

Name of Reader: _____

Signature: _____

** 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.*