



ANNUAL TUBERCULOSIS (TB) SKIN TEST

****TO BE COMPLETED 1 YEAR AFTER ACCEPTANCE INTO THE PROGRAM****

LAST NAME: Thompson

FIRST NAME: Nija

TSCC ID #: _____

TUBERCULIN (TB) 1 STEP SKIN TEST - TO BE COMPLETED BY PHYSICIAN, NURSE PRACTITIONER, OR NURSE.

NAME OF PERSON ADMINISTERING: Amy Morris RN-BC, CTH

DATE ADMINISTERED (TEST #1): 7/31/19 LOT #: C5586CA

EXPIRATION DATE: 22 May 2021

DATE READ: _____ (MUST BE WITHIN 48-72 HRS AFTER DATE ADMINISTERED)

TEST RESULTS: _____ POSITIVE ☒ NEGATIVE _____ REDNESS (please identify results with a ✓)

0 mm (please provide measure in millimeters)

PHYSICIAN/NURSE PRACTITIONER SIGNATURE

Amy Morris RN, BC CTH

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