

ALABAMA DEPARTMENT OF PUBLIC HEALTH  
MANTOUX TUBERCULIN SKIN TEST REPORT

Patient Name: Pouncey, Lindsey County: \_\_\_\_\_  
Last First Middle  
 Address: 855 Wake Robin, Select Social Security No: 416-45-4937  
Number & Street City Zip Code  
 Sex: ☐ M ☒ F Race: ☒ W ☐ B ☐ Other 36024 Phone No.: \_\_\_\_\_  
1 2 3 Specify Birth Date: 9-24-95  
Month Year

Contact: ☐ Yes ☐ No  
1 2

Index Case: \_\_\_\_\_

Risk Factor Category (Check One)

A ☐

B ☐

C ☐

(See Reverse Side)

Site of Test (Check One)

1 ☐ Residence

2 ☐ Nursing Home

3 ☐ Hospital

4 ☒ School

5 ☐ Prison/Jail

6 ☐ Other

7 ☐ Health Department

Arm - Student  
 Facility Name Health  
Center  
Camp

Date Tested: 7-11-17  
Month Day Year

(For Two-Step Method Only)

Date Read: 07-13-17  
Month Day Year

Result: 0 mm

Second Test Date: \_\_\_\_\_  
Month Day Year

Date Read: \_\_\_\_\_  
Month Day Year

Result: \_\_\_\_\_ mm

Send white copy to: TB Branch, ADPH, 434 Monroe Street, Montgomery, AL 36130-1701  
 (Retain buff copy for local records)

[All results must be recorded in  
 millimeters (mm) of induration.]

\*Lester

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