



YEARLY SINGLE MANTOUX (TB TEST) FOR ADULT CARE FACILITY CLIENTS

(Please Print Clearly)

Client Name _____ Client # _____

Adult Care Facility (ACF) _____

ACF Address _____

ACF Manager Name _____

TB Mfg. Name _____ Lot # _____ Exp Date _____

Intracutaneous injection of 0.1 ml of Tuberculin PPD (Mantoux) skin test (5 TU per test dose) was given on the RT. Inner forearm _____ LF. Inner forearm _____

Administered by (RN/LPN) _____ Date _____

Read 48 to 72 hours after administration by (RN/LPN) _____

Date _____ . Reaction was Negative _____ mm Positive _____ mm

Comments _____

_____ Report of chest x-ray attached as a result of prior positive skin reaction

Date original sent to health information _____ Nurse Initials _____

Date copy sent to ACF Manager _____ Nurse Initials _____