



LOCK HAVEN UNIVERSITY  
 GLENNON STUDENT HEALTH SERVICES  
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 LOCK HAVEN, PA 17745  
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**MANTOUX TUBERCULOSIS (TB) SKIN TEST (PPD)**

PRINT LAST NAME	PRINT FIRST NAME	PRINT MIDDLE INITIAL
HOME ADDRESS		DATE OF BIRTH
LOCAL PHONE	STUDENT ID	MAJOR

SIGNATURE/CONSENT TO TEST \_\_\_\_\_ DATE \_\_\_\_\_

REASON FOR TESTING \_\_\_\_\_

HAVE YOU EVER HAD A POSITIVE TUBERCULOSIS (TB) TEST?  YES  NO

ARE YOU PREGNANT?  YES  NO

#1 INFO GIVEN \_\_\_\_\_

DATE APPLIED \_\_\_\_\_ TIME \_\_\_\_\_ NURSE \_\_\_\_\_

5TU / 0.1ML ID **R L** FOREARM

RESULT DATE \_\_\_\_\_ TIME \_\_\_\_\_ NURSE \_\_\_\_\_

RESULT \_\_\_\_\_ mm (If none, write '0') NEGATIVE  POSITIVE

#2

DATE APPLIED \_\_\_\_\_ TIME \_\_\_\_\_ NURSE \_\_\_\_\_

5TU / 0.1ML ID **R L** FOREARM

RESULT DATE \_\_\_\_\_ TIME \_\_\_\_\_ NURSE \_\_\_\_\_

RESULT \_\_\_\_\_ mm (If none, write '0') NEGATIVE  POSITIVE