



an AMN Healthcare company

### Tuberculosis Skin Test

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

Facility Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Date Placed \_\_\_\_/\_\_\_\_/\_\_\_\_

Placed by: \_\_\_\_\_

Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_

Read by: \_\_\_\_\_

Result: \_\_\_\_\_ (mm)     Positive     Negative

Reason for test?     Symptoms     Employment

Any recommendations? Yes \_\_\_\_\_ No \_\_\_\_\_

**Self read results are not acceptable.**

**Fax to: 866-252-3667**