

**TUBERCULOSIS SKIN TESTING
FACILITY RECORD**

EMPLOYEE NAME/CLIENT		
DATE OF BIRTH		
ANTIGEN(S) USED		
LOT NUMBER(S)	(ONE STEP)	(TWO STEP)
DATE(S) OF TEST	(ONE STEP)	(TWO STEP)
DATE(S) READ	(ONE STEP)	(TWO STEP)
RESULTS (IN MM)	(ONE STEP)	(TWO STEP)
GIVEN BY	READ BY	
COMMENTS		

DOH 343-001 10/2000

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