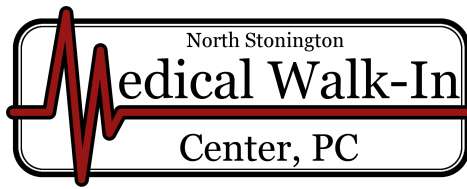


82 Norwich-Westerly Road  
North Stonington CT 06359



Phone: (860)599-2469  
Fax : (860)599-2830

## **Mantoux Test/ Tuberculin Testing**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ SSN: \_\_\_\_\_

You will be receiving a tuberculin (Mantoux) test. This test is performed to determine if you have tuberculosis (TB) or have been exposed to tuberculosis.

Once this test is given, it is important to determine if the result is positive or negative. A negative result means you do not have TB. A positive test would appear as an area of swelling at the injection site. If this result does occur, it does not necessarily mean that you have tuberculosis, nor does it mean your employment will be jeopardized, but it will require further evaluation.

Have you had a positive TB test in the past? Yes / No

Have you ever received the BCG vaccination? Yes / No

I understand I am responsible to return to North Stonington Medical Center between 48 to 72 hours after receiving the injection to report the result of this test. If I do not return within this timeframe, the test will be considered invalid and will need to be repeated.

\_\_\_\_\_  
Signature(or Parent/Guardian)

\_\_\_\_\_  
Date

For office use only:

Date Administered: \_\_\_\_\_ Given By: \_\_\_\_\_ Site: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Lot: \_\_\_\_\_ Expiration: \_\_\_\_\_

Date Read: \_\_\_\_\_ Read By: \_\_\_\_\_ Physician: \_\_\_\_\_

Type of reaction: Positive: \_\_\_\_\_ (mm) Negative: \_\_\_\_\_