

TUBERCULOSIS SKIN TEST RECORD

Name _____ Birth Date _____ Phone _____ Doctor _____

Address _____ City _____ State _____ Zip _____

I give permission to the Gibson County Health Dept to administer a Mantoux Tuberculosis Test to the above named person. Results may be reported to physician or to Indiana State Department of Health.

Date _____ Signed _____

Date Done **Lot Number** **Given By** **Date Read** **Read By** **Results**

Gibson County Health Department 800 S. Prince Street, Princeton, IN 47670
(812)385-3831 FAX(812)386-8027 www.gibsoncountyhealth.com 06202005kmw

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