

**Drake University Head Start/Early Head Start
Mantoux Tuberculin Skin Test Record**

Attention Health Care Practitioner: Your patient has been screened and found to be in a high risk category for TB. It is still at your discretion to do a Mantoux test on this child. If you feel the child does not need to be tested please mark below and sign. Thank you, Drake University Head Start Health Advisory Board

****Please remind families that they need to return to have this test read by a medical professional within 48-72 hours or it will need to be repeated!**

Patient Information:

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone:

Home: _____ Work: _____

Skin Test Information:

Administrator Name: _____

Date/time Administered: _____

Arm on which Administered: _____

Manufacturer of PPD Solution: _____

Expiration Date of PPD Solution: _____

Lot #: _____

Results:

Induration: _____ mm

Date/time of Reading: _____

Comments and Adverse Reaction(s), if any*: _____

Name of Reader: _____

Signature: _____

* It is very unlikely that a side effect to the test will occur. If such an event does happen, the most common reaction is pain or redness at the test site. In very rare cases, a person who is hypersensitive to the solution could have a severe allergic reaction near the injection site. Such rare reactions may include blistering or a skin wound.

➤ _____ **As this child's health care practitioner, I do not find him/her to be at high risk for TB, and will not administer the Mantoux Tuberculin Skin Test.** Date: _____

Health Care Practitioner: _____ Signature: _____