American Red Cross

Medical Education Student
Mantoux 2-Step Tuberculin Skin Test Record or Chest X-Ray Report

The TB skin test (also called the Mantoux tuberculin skin test) is performed by injecting a small amount of fluid (called tuberculin) into the skin in the lower part of the arm. *A person given the tuberculin skin test must return within 48 to 72 hours to have a trained health care worker look for a reaction on the arm*. The health care worker will look for a raised, hard area or swelling, and if present, measure its size using a ruler. Redness by itself is not considered part of the reaction. Some people are allergic to the TB skin test or have been infected by the TB bacteria in the past. This means the person's body was infected with TB bacteria. Additional tests are needed to determine if the person has latent TB infection or TB disease. A health care worker will then provide treatment as needed. For more information please visit the CDC website http://www.cdc.gov/TB/TOPIC/testing/default.htm.

Student Information

Student Name: _____

Student Address: _____

City:_____State_____Zip:_____Telephone:_____

Skin Test Information (1st Step)

Administrator Name: _____

Date/Time Administered: _____ Location:_____

Manufacturer:_____ Expiration Date:_____ Lot#:_____

Results (1st TST Reading Date Required)

Induration: _____ mm Date/Time of Reading: _____

Comments/Adverse reaction(s) if any: _____

Name of Reader:_____ Signature of Reader: _____

Skin Test Information (2nd Step)

Administrator Name: _____

Date/Time Administered: _____ Location:_____

Manufacturer:_____ Expiration Date:_____ Lot#:_____

Results (2nd TST Reading Date Required)

Induration: _____ mm Date/Time of Reading: _____

Comments/Adverse reaction(s) if any: _____

Name of Reader:_____ Signature of Reader: _____

Chest X-RAY Information

Date film: _____ Hospital/Facility film taken:_____

Interpretation

_____ Completely Negative

_____ Negative; Except for: _____

_____ Abnormal; Reason: _____

Name of Radiologist/Physician: _____

Signature of Radiologist/Physician: _____ Date of Reading _____