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ACTIONSTAFF TUBERCULOSIS SKIN TEST FORM

Employee/Applicant

Name: _____

Date of Birth: _____

PLACED

Date Placed: _____

Lot #: _____

Time Placed: _____

Lot Expiration: _____

Placed by:

Name: _____

Title: _____

READ

Date Read: _____

Results in mm of Induration: _____

Time Read: _____

Please circle one: NEGATIVE **or** POSITIVE

Read by:

Name: _____

Title: _____

Office Address:

Office Stamp
