



**Health Center Registration  
TB Testing**

CADET/CAMPER Last Name

CADET/CAMPER First Name

D.O.B:

**TB MANTOUX TEST**  
**Yearly for ALL International CAMPERS.**

**TB MANTOUX TEST**

Date of test: \_\_\_/\_\_\_/\_\_\_ Date results were read: \_\_\_/\_\_\_/\_\_\_

mm induration: \_\_\_\_\_  Pos\*  Neg

**\*Chest X-Ray** (Necessary if skin test is positive)

**Film Date:** \_\_\_/\_\_\_/\_\_\_

**Impression:**  Normal  Abnormal

**Person is free of Communicable Tuberculosis:**  Yes  No

**Practitioner's Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Office Stamp and/or Seal required:**