

# ARMY AND NAVY ACADEMY

## Health Center TB Testing

Summer Year: \_\_\_\_\_

\_\_\_\_\_  
Cadet/Camper LAST Name

\_\_\_\_\_  
Cadet/ Camper FIRST  
Name

\_\_\_\_\_  
Date of Birth:

**MANDATORY OF ALL FIRST YEAR STUDENTS AND ANY STUDENT WHO HAS TRAVELED OUTSIDE THE U.S. PRIOR TO EACH SCHOOL YEAR.**

**TESTS RESULTS CAN BE NO OLDER THAN 30 DAYS BEFORE ARRIVAL TO CAMPUS OR IT WILL BE CONSIDERED EXPIRED AND - NOT ACCEPTED.**

### TB MANTOUX TEST

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

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

Manufacturer: \_\_\_\_\_ Lot#: \_\_\_\_\_ exp.: \_\_\_\_\_

Site: Left Right (Forearm)

Administered by (Title) \_\_\_\_\_ Time: \_\_\_\_\_

Read By (Title/print & signature): \_\_\_\_\_ Time: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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

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

Office Stamp and/or Seal required: