

South Eastern Special Education  
P. O. Box 185  
Ste. Marie, IL 62459

TUBERCULIN TEST RECORD

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

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

Date Given: \_\_\_\_\_

Date Read: \_\_\_\_\_

Results: Positive \_\_\_\_\_

Negative \_\_\_\_\_

If positive, was X-ray taken \_\_\_\_\_

Result: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_