

2-Step TB Skin Test Form

For BScN Students

This form is for a 2-Step TB Skin Test and must be fully completed by a Health Care Provider. Alternatively, your provider may use their own stationery, but it must include the following: date administered, date read, result, name and signature of the provider, and the full clinic address (Stamp with all info is acceptable).

Student Name: _____ (please print)

To Be Completed by Healthcare Provider

1st Step

Date Administered:

Date Read:

Result: ☐ Negative ☐ Positive

Size _____ mm

Administered by:

_____ (please print)

_____ (signature)

Read by: (if different than "Administered by")

_____ (please print)

_____ (signature)

Provide name & address of Clinic or stamp with that information:

2nd Step

Date Administered:

Date Read:

Result: ☐ Negative ☐ Positive

Size _____ mm

Administered by:

_____ (please print)

_____ (signature)

Read by: (if different than "Administered by")

_____ (please print)

_____ (signature)

Provide name & address of Clinic or stamp with that information: