



Indiana University of Pennsylvania  
COLLEGE OF EDUCATION AND EDUCATIONAL TECHNOLOGY

Office of Teacher Education  
1175 Maple Street, Room 104  
Indiana, PA 15705  
724-357-2485 Fax: 724-357-3294

### Tuberculosis Skin Testing Requirements

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

BANNER I.D. NUMBER: @ \_\_\_\_\_

PROVIDER'S NAME: \_\_\_\_\_

PROVIDER'S  
ADDRESS: \_\_\_\_\_

PROVIDER'S TELEPHONE NUMBER: \_\_\_\_\_

### Tuberculosis Skin Test Information

Date TB skin test administered: \_\_\_\_\_

Date TB skin test read: \_\_\_\_\_

Time TB skin test read: \_\_\_\_\_

Result of TB skin test induration in mm: \_\_\_\_\_

Signature of patient receiving TB test: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of provider reading TB test: \_\_\_\_\_ Date: \_\_\_\_\_