

Tuberculosis Testing Form

10A NCAC 09 .1702 (b) (4) (Family Child Care Homes)

Record of Tuberculosis Test

Last name (print clearly)	First name	Middle	Date of birth

Type of test:

Tuberculin

Date given:	
Date read:	
Results:	MM reading: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Positive

Interferon Gamma Release Assay

Date:	
Results:	

Comments:

Signature of authorized health professional	Date	Location