



WHOLE HEALTH FOR YOUR WHOLE LIFE

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Tuberculin Skin Test Report

Information about the Person to Receive Tuberculin Skin Test Report
(Please Print)

Last Name		First Name		MI	
Mailing Address			City	State	Zip
					County
Sex: Female / Male (Please Circle)	Age:	Date of Birth:		Telephone No.	
Signature of person to receive Tuberculin Skin Test					Date

Have you had a TB skin test that was positive? Yes _____ No _____

For Clinic/Office Use Only

Date of TB Skin Test: _____ Site of Injection: _____

Manufacturer: _____ Lot#: _____ Exp. Date: _____

Signature of Administrator: _____

Read within 48 to 72 hours? Yes: _____ No: _____

Result (record in mm): Positive: _____ Negative: _____

Providing our communities with quality, affordable & accessible healthcare

Bonnors Ferry
6615 Comanche Street
Bonnors Ferry, ID
83805
208.267.1718

Priest River
6509 Hwy. 2
Priest River, ID
83856
208.448.2321

Sandpoint
420 N. 2nd Ave.
Sandpoint, ID
83864
208.263.7101

Administration
301 Cedar St. Suite 206
Sandpoint, ID
83864
208.263.7101