Worldwide Travel Staffing

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Report of Tuberculin Skin Test

Employee Name:_____ **Date of Birth:**_____

Date Test Given:_____ **Time Test Given:** _____

Date Test Read: _____ **Time Test Read:** _____

Result in Millimeters:_____ **Negative Reaction?** ☐ **Yes** ☐ **No**

Medical Practitioner's Name:_____
(Please print)

Medical Practitioner's Signature:_____ **Date:** _____