

University Health Services
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TB Reading Form

A Tuberculosis skin test was performed on _____
(Please Print Name)

On _____ by _____. The TB skin test was read
(Date) (Provider's Name)

On _____ and the Result _____.
(Date) (MM – i.e. 0mm, 3mm, 5mm etc)

Reading by: _____
Signature

(It can be read by ANY Attending, nurse or another medical physician except for
yourself or your fellow colleague)

Lot # _____
Expiration Date _____