

UNIONTOWN AREA SCHOOL DISTRICT  
205 Wilson Avenue  
Uniontown, PA 15401  
724-438-4501  
[www.uasdraiders.org](http://www.uasdraiders.org)

TUBERCULIN TESTING REPORT FORM

Name of Employee/Substitute: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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TYPE INITIAL TEST:   \_\_\_ Multiple Puncture Device   \_\_\_ Mantoux  
                                  \_\_\_\_\_   \_\_\_ Chest x-ray  
                                  Name of Device

DATE TESTED: \_\_\_\_\_

DATE READ: \_\_\_\_\_

RESULTS: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date