Uniontown Area School District
205 Wilson Avenue
Uniontown, PA 15401
724-438-4501
www.uasdraiders.org

TUBERCULIN TESTING REPORT FORM

Name of Employee/Substitute: _____

Address: _____

Telephone Number: _____

****

TYPE INTIAL TEST: _____ Multiple Puncture Device _____ Mantoux

_____ _____ Chest x-ray
Name of Device

DATE TESTED: _____

DATE READ: _____

RESULTS: _____

_____
Signature of Physician

_____
Address

_____
Date

jjm