



9700 Lakeshore Drive E, Suite C
Indianapolis, IN 46280
Phone: 317-862-8141
Fax: 317-860-8141

SKIN TEST FORM

Date: _____ Patients Name: _____ Position: _____

Date of Birth: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

First Step

Date Given: _____ Time: _____ Lot #: _____ Expiration Date: _____

Given by: _____

Site: _____

Date Read: _____ Read by: _____ Time: _____

Results: _____ mm Positive/Negative: _____

Second Step

Date Given: _____ Time: _____ Lot #: _____ Expiration Date: _____

Given by: _____

Site: _____

Date Read: _____ Read by: _____ Time: _____

Results: _____ mm Positive/Negative: _____

Chest X-Ray

Date Given: _____ Results: _____

Physician's Signature Date

Physician's Printed Name

Address, City, State, Zip

Phone Number