

# TB Test Result Form

Fill out your name and Social Security Number and have the physician complete the rest.

<i>Last</i>	<i>First</i>	<i>Middle</i>
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Full Name (Please Print)

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Social Security Number

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Name of MD who read the exam (Please Print)

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Date TB Test Was Administered

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Date TB Test Result Was Read

Result of Test:

Positive

Negative

Does patient need to have a chest x-ray?

Yes

No

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Signature of MD who read the exam

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Date

<i>MD Address</i>
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MD's Phone Number

<p>Please Attach Form Here</p>
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\* Note: Your physician's office may use its own TB test form to report the results, or you may be submitting results from a TB test administered within the last twelve (12) months. If so, please attach their document above. In case of an attached form, please fill out your name, social security number, and dates when the test was administered and read.